NURSING FACULTY’S EXPERIENCE WITH DISRUPTIVE WORK ENVIRONMENTS: A MIXED METHOD STUDY OF THE PHENOMENON OF BULLYING BEHAVIORS AMONG NURSING FACULTY AND THEIR INTENT TO STAY IN ACADEME

By

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DEDICATION

First and foremost, I dedicate this work, with love, to my family. I want you to know that I realize that I did not take this journey alone and without your support I would not have finished. You suffered the highs and lows right alongside of me and your love and constant encouragement helped push me along. I thank you for never giving up on me and helping me see that the light at the end of the tunnel was something more than an on-coming train.
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ABSTRACT

KELLI PALMER SHUGART
NURSING FACULTY’S EXPERIENCE WITH DISRUPTIVE WORK ENVIRONMENTS: A MIXED METHOD STUDY OF THE PHENOMENON OF BULLYING BEHAVIORS AMONG NURSING FACULTY AND THEIR INTENT TO STAY IN ACADEME
Under the direction of ELAINE M. ARTMAN, Ed.D

Because of the limited research on the perceptions of nursing faculty on horizontal violence, this convergent mixed method study investigated the phenomenon of bullying behaviors among nursing faculty and the faculty’s intent to stay in academe following exposure to bullying. 300 nursing faculty members of the Nursing Educator Discussion list responded to a survey. The quantitative survey included demographics and the use of the NAQ-R, a two-page self-administered Likert-type questionnaire with constructs referring to work and personal related bullying as well as physically intimidating bullying. Participants who agreed to complete the survey were then invited to volunteer in the qualitative interview if they had been exposed to bullying behaviors by a peer. Twenty interviews were collected from these volunteers. The qualitative portion used Giorgi’s phenomenological method of analysis with interview data.

Of the 300 completed surveys, descriptive and inferential statistics indicated some important findings. Finding indicated that overall bullying behaviors were low ($\bar{x}=36$, $SD=14.2$) although work place bullying ($\bar{x}=13.35$, $SD=5.66$) and personal bullying ($\bar{x}=18.97$, $SD=8.01$) had the greatest extent of bullying while physical bullying was the
least reported type of bullying ($\bar{x}=3.9$, SD = 1.6). Results indicated that those who indicated their intent to not stay in their current position reported significantly greater bullying behaviors for the total NAQ-R, work bullying, personal bullying, and physical bullying subscales ($p<.001$).

The majority (89%) reported working in smaller institutions with enrollment less than 20,000. Surprisingly only 15.7% held a PhD in nursing, doctorate in nursing, and nursing doctorate combined. More than one in five participants (21.7%) indicated total years in teaching 5 or fewer years and 41.7% of respondents reported teaching less than 10 years. These numbers possibly reflects the number of young nursing academics in a field where nurses reportedly “eat their young,” and may feel “ignored” by the more than 31% of those with 20 plus years of teaching experience. While the quantitative results illustrated that more than 31% had at least 20 years of experience teaching, only 17.4% reported teaching in their current institution for more than 20 years. The qualitative results illustrate these learned patterns of abuse exist despite interviewees disbelief that bullying “could be possibly true” with the older nursing faculty “in charge.” The narrative data illustrates that while older faculty may “be in charge,” they may feel threatened by younger competition. There was a perception of a laissez-faire leadership style for the deans that allow bullying to occur. Participants described no or ineffective policies, transitional environments including leadership change, turnover created enabling structures that allowed inappropriate behavior. In addition, turnover may not be mitigated by the fact that only 22% of the participants are tenured faculty.

Qualitative data indicated that bullying behaviors can be direct, indirect or covert, with emotional-social interactions. Examples of indirect bullying are gossiping, leaving...
others out on purpose, or spreading rumors to destroy another’s reputation. Results indicated that bullying behaviors affect nurse educator both physically (depression, gastrointestinal upset, and insomnia) and emotionally (being scared, humiliated, sad, angry, devastated, and hopeless) and played a role in whether faculty remain in nursing education. Eventually, all nursing faculty that experienced bullying made a decision to stay or go. Remarkably, the relationship they had with students and other faculty and their love of teaching influenced their decision to stay. Nursing faculty, even those who are bullied, revealed that they are committed to the nursing profession and to making a difference in the lives of nursing students.

Furthermore, the enabling structures within the institution play an important role on the climate of the institution. Institutions that are under transition, lack a policy regarding bullying, or have a laissez-faire leadership style are at risk for a bullying culture to exist. Leaders need to be cognizant that bullying does occur and investigate ways to prevent faculty from bullying each other. Academic leaders need to implement a zero tolerance policy regarding bullying behaviors and role model positive behaviors. Academic culture is extremely important because nurses play a vital role in the care and outcomes of patients. It is imperative for nurse educators to role model positive behaviors when socializing nursing faculty and students to do their part to stop bullying behaviors from entering the nursing work environment.
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CHAPTER 1

INTRODUCTION

Universities and administrators are faced with the challenge of retaining nursing faculty during a time when it is has been predicted that there will not be enough faculty to teach future nursing students (AACN, 2003). Researchers studying retention have identified workplace bullying as a variable contributing to decreased work satisfaction and increased turnover (Dunham-Taylor, 2008; Lutgen-Sandvik, Tracy, & Alberts, 2007). This dysfunctional behavior has been referred to as horizontal violence. Chapter one will introduce the problem and provides background information including the purpose, framework, and research design.

The United States is in the midst of an unprecedented shortage of registered nurses. According to the American Association of Colleges of Nursing (AACN) report on 2008-2009 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, nursing schools turned away 49,948 qualified applicants from baccalaureate and graduate nursing programs in 2008 in part due to an insufficient number of nursing faculty. Almost two-thirds of the nursing schools responding to the AACN survey pointed to faculty shortages as a reason for not accepting all qualified applicants into entry-level baccalaureate programs (AACN, 2009).

The American Association of Colleges of Nursing (AACN) recognizes that the shortage of faculty in schools of nursing with baccalaureate and graduate programs is a continuing and expanding problem. Over the past several years, the deficit of faculty has
reached critical proportions as the current faculty workforce rapidly advances toward retirement and the pool of younger replacement faculty decreases (AACN).

Another aspect of the nursing faculty shortage is the amount to career options that nurse educators are confronted with during their career. Nursing faculty are faced with many opportunities and can usually select the work environment that best fits their personal situation. In an effort to retain faculty, universities and administrators need to identify bullying behaviors and find ways to promote a more healthy work climate.

Initial research in the 80’s related to horizontal violence (bullying) and staff nurses investigated bullying and staff nurse’s job satisfaction and retention (Cox, 1987). However, there have been few if any studies focusing on horizontal violence of nursing faculty and their intent to stay in nursing academe.

The increase in the incidence of bullying behaviors has important implications for nursing due to the current and predicted nursing shortage. Researchers have suggested that nurses first come into contact with bullying behaviors while in nursing school (Baltimore, 2006; Edward & O’Connell, 2007).

Researchers (Matheson, 2008; Streltioff, 2007; Szutenbach, 2008) have looked at horizontal violence of staff nurses and hospital retention problems. However, there is limited research studying the perceptions of nursing faculty on horizontal violence in nursing education and how this contributes to decreased retention of nurse educators.

Problem Statement

Workplace bullying has been found to influence the health, wellbeing, and economic welfare of individuals and families as well as the climate and business interests
of organizations (Lutgen-Sandvik, 2007; Namie, 2007; Workplace Bullying Institute, 2008).

Purpose of the Research

The purpose of this study is twofold; first to identify the extent nursing faculty experience bullying behaviors by peers and the types and frequency of bullying behaviors; and second to explore the lived experience of nursing faculty who have been exposed to bullying behaviors among peers, and to determine whether bullying influences their intent to stay in nursing academe.

Research Questions

1. To what extent do nursing faculty report being bullied at work by peers?
2. What types and frequencies of bullying behaviors are reported among nursing faculty?
3. Is nursing faculty’s intent to stay in their current position and academe affected by bullying behaviors?
4. What are the lived experiences of nursing faculty who have been exposed to bullying behaviors by peers?

Significance

This study may be beneficial to leaders in retaining faculty, particularly nursing school administrators who must find ways of retaining quality teaching faculty. Universities will benefit from this study by addressing a cost concern. There is considerable cost and effort associated with recruiting, training and mentoring new faculty (Ambrose, Huston, & Norman, 2005).
Nursing faculty interact with students as well as other faculty. This study may help faculty find ways to improve the altruistic behaviors of nursing faculty and future practitioners. The findings may be a first step to understanding the cyclic nature of bullying behaviors. Because there is limited research on horizontal violence in nursing education, this study will add to the profession’s understanding of horizontal violence.

Theoretical Framework

Bandura’s (1977) Social Learning Theory’s major premise is that people learn from observing other’s behaviors, attitudes, and outcomes of those behaviors. Bandura (1977) states: "Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action." (p22).

Social learning theory describes behavior as a continuous reciprocal interaction between cognitive, behavioral, an environmental influences. Because it encompasses attention, memory and motivation, social learning theory spans both cognitive (learning influenced by psychological factors) and behavioral (learning based on environmental stimuli) frameworks. Bandura integrated these two theories and identified four component underlying observational learning: (1) Attention, the extent that the modeled event is noticed, (2) Retention, how well the learner remembers, (3) Motor Reproduction, the ability to perform, and (4) Motivation, the rewards outweigh the cost.
Conceptual Framework

Figure 1.: Conceptual framework to illustrate process of bullying. Note. Reproduced with permission and adapted from Twale & De Luca, (2008). Faculty Incivility: The Rise of the Academic Bullying Culture and What to Do About It. Copyright 2008 by Wiley and Sons.
Salin (2003) developed a conceptual framework that entwines key areas that make incivility, bullying, and mobbing more likely to manifest themselves in work environments, which was adapted by Twale and DeLuca (2008) to be reflective of academe and the many pressures that faculty face that make academic bullying cultures possible (figure 1).

Procedure

This study implemented a mixed method design. An exploratory, descriptive questionnaire was administered using Zoomerang. The Negative Acts Questionnaire Revised (Einarsen & Raknes, 1997) was used to answer the research questions on the types and frequency of faculty bullying behaviors. The target population is nursing faculty that have been exposed to bullying behaviors in the workplace. An initial email was sent to nurse educators who are members of a nursing educators’ list serve requesting that they participate in the survey. A snowballing technique was conducted to increase the amount of coverage of nurse educators. To answer the research questions on the lived experiences and intent to remain in the field participants who complete the survey were given an opportunity to volunteer for the qualitative interview; Twenty volunteers were invited to participate in interviews about their experiences with bullying in academe.

Limitations and Delimitations

Limitations are natural phenomena that may inhibit transferability of the findings of the study to larger populations. Delimitations are the restrictions imposed by the researcher. Limitations

The following limitations were identified in the study:
1. Qualitative data collection may be subject to other interpretations based on the background and interpretation skills of the researcher so bracketing and other validation procedures were used.

2. Inaccurate or biased reports from participants creating more social desirable of themselves; however to mitigate participants were assured of confidentiality through informed consent. Participants de-identified at time of data collection.

Delimitations

The following delimitations were imposed on the study by the researcher:

1. Participants were employed as faculty members in a school or college in nursing.

2. Because the researcher only speaks English, participation was limited to those individuals who can speak and read English to avoid losing nuanced opinions.

Definitions

The terms that used in this study are operationally defined as indicated:

**Bullying:** Aggressive or negative acts or behaviors, carried out repeatedly over time, and directed at someone who finds it difficult to defend him/ herself because of a relationship with the bully that is characterized by an imbalance of power.

**Harassment:** Repeated and persistent attempts by one person to torment, wear down, frustrate, or get a reaction from another. It is treatment which persistently provokes, pressures, frightens, intimidates or otherwise discomforts another person (Brodsky, 1976. p.2).

**Horizontal/Lateral Violence:** An act of aggression or bullying that’s perpetrated by one colleague toward another colleague. Acts of horizontal violence can include taking behind one’s back, belittling or criticizing colleague in front of others,
blocking information or chance for promotion, and isolating or freezing a colleague out of group activities. The ten most common forms of lateral violence in nursing are: “non-verbal innuendo,” “verbal affront,” “undermining activities,” “withholding information,” “sabotage,” “infighting,” “scapegoating,” “backstabbing,” “failure to respect privacy,” and “broken confidences” (Griffin, 2004).

*Horizontal Hostility*: A consistent pattern of behavior designed to control, diminish, or devalue a peer (or group) that creates a risk to health and/or safety. (Farrell, Gerald 2005)

*Horizontal Violence*: Sabotage directed at coworkers who are on the same level within an organization’s hierarchy. (Dunn, 2003)

*Incivility*: Rude or disruptive behaviors which often result in psychological or physiological distress for the people involved- and if left unaddressed, may progress into threatening situations. (Clark, 2009, p. 194).

*Mobbing*: A "ganging up" by co-workers, subordinates or superiors, to force someone out of the workplace through rumor, innuendo, intimidation, discrediting, isolation, and particularly, humiliation.

*Incivility*: is rude or disrespectful behavior which often results in psychological or physiological distress for the people involved- and if left unaddressed, may progress to threatening situations. (Clark, 2013)

*Harassment*: is any physical or verbal abuse of a person because of her race, religion, age, gender, disability or any other legally protected status.
Interest in negative workplace climate in the US has grown since the early 1990’s, however, due to differing terminology and definitions; the US body of work is less cohesive than international bullying research (Lutgen-Sandvik, Tracy, & Alberts, 2007). Therefore for the purpose of this study horizontal violence, lateral violence, horizontal hostility, incivility, and bullying will be used interchangeably as done by previous researchers (Wornham, 2003).

Summary

Violence is pervasive in the modern workplace, endemic to all industries, and international in scope (Lewis, Sheehan, & Davies, 2008). Verbal, physical, and psychological violence occurs with stunning frequency (Hader, 2009) and causes dramatic effects. Cost incurred due to loss of productivity, absenteeism, creativity, recruitment, and retention are in the billions of dollars annually (Olender-Russo, 2009). During a time when nursing faculty retention is paramount due to a critical faculty shortage (AACN), negative work environments have been linked to decreased job satisfaction and ultimately decreased retention (Jackson, Clare, & Mannix, 2002; DalPezzo & Jett, 2010; Reynold, 1997).

Workplace bullying has been found to influence the health, wellbeing, and economic welfare of individuals and families as well as the climate and business interests of organizations (Lutgen-Sandvik, 2007; Namie, 2007; Workplace Bullying Institute, 2008). In Chapter 1 the problem studied was the nursing faculty’s experience with disruptive work environments using Bandura’s Social Learning Theory and the conceptual framework of Faculty Incivility adapted from Twale and De Luca, (2008). The design used a mixed method approach to study the phenomenon of bullying.
behaviors among nursing faculty and their intent to stay in academe. The design sought to answer the research questions: To what extent do nursing faculty report being bullied at work by peers? What types and frequencies of bullying behaviors are reported among nursing faculty? Is nursing faculty’s intent to stay in their current position and academe affected by bullying behaviors? What are the lived experiences of nursing faculty who have been exposed to bullying behaviors by peers? How do the qualitative findings provide enhanced understanding of the quantitative survey results? Chapter 2 consists of a review of literature related nursing faculty and bullying behaviors.
CHAPTER 2
REVIEW OF RELATED LITERATURE

Chapter 2 reviews the literature related to Bandura’s social learning theory, organizational culture, professional responsibility, the nursing faculty shortage, nursing faculty retention problems, the bullying phenomenon, lack of agreed upon definition, bullying characteristics, prevalence, offenders, bullying of nurses, bullying in higher education, bullying in nursing education, impact/cost to the individual and organization, and the possible explanations for bullying.

Social Learning Theory

According to social learning theory, individuals determine the utility of modeled actions by watching the model's interactions with the environment (Bandura, 1986). Central to the notion of modeling, then, is the assumption that individuals have the opportunity to watch the model. Certainly, the longer an individual's tenure in a work group, the greater his or her opportunity to observe role models and thus, the stronger the impact of antisocial behavior role models.

Social learning theory has identified modeling as a particularly potent instigator of aggression (Bandura, 1977; O’Leary-Kelly, Griffin, & Glew, 1996). O’Leary-Kelly and her coauthors (1996) outlined three mechanisms through which the observation of workplace aggression may lead to the acquisition of aggressive behaviors by the observer. First witnessing aggressive behavior is believed to decrease inhibitions regarding acting aggressively. It is also believed that witnessing aggressive behavior may
lead to increased physiological arousal, which in turn may lead to aggressive acts.

Finally, witnessing aggressive behavior may lead the observer to focus attention on the
object of the aggression. (Duffy, Ganster, & Pagan, 2002).

Modeling and imitation may influence the prevalence of bullying (O’Leary-Kelly et al., 1996; Robinson & O’Leary-Kelly, 1998). Bullying seems to flourish where new
managers are socialized into a culture that treats bullying as a normal and acceptable way
of getting things done. Social learning suggests that individuals who operate in a work
environment where others are rewarded for aggressive behaviors are more likely to
engage in similar acts themselves (Bandura, 1973). Bullying can also be an initiation
ritual or part thereof. The fact that many victims consider complaining about bullying to
be act of disloyalty further emphasizes the potential strength and impact of the
socialization process (Hoel & Salin, 2003). (In Salin, 2003)

Several authors have used Bandura’s social learning theory as a theoretical
framework to investigate bullying behaviors (Glomb & Liao, 2003; Robinson &
social learning perspective to examine factors that encourage antisocial behaviors. One
such factor was the presence of role models within a work context. They argue that if an
individual works in an environment that include others who serve as models for antisocial
behaviors, these individuals are more likely themselves to behave in antisocial ways.
When individuals operate within group settings, they are typically able to observe other
group members, which create the opportunity for these members to serve as models. In
addition, Bandura’s research on disengagement of moral control suggests that diffusion
of responsibility, a common outcome in group contexts, can lead individuals to
disconnect the self-regulatory systems that typically govern moral conduct (Bandura, 1990, 1991).

Bandura (1973) acknowledged that social learning takes place deliberately by inadvertently observing others as well as through direct personal experience (Twale & De Luca, 2008). How individuals react to the learning comes from cues or responses as well as the degree and presence of reinforcement following the response. Social circumstances therefore determine behavior, including aggressive behaviors. These circumstances can be from direct modeling of the behavior of others or gained indirectly watching such behavior unobtrusively and noting that it goes unpunished.

According to Bandura (1973), “Aggressive actions tend to occur at certain times, in certain settings, toward certain objects or individuals, and in response to certain forms of provocation” (p. 115). The acts become performance cues for others. Ultimately people are more likely to follow the performance cues of those with social power or social status within an organization (Twale & De Luca, 2008). When others see the responses to those acts are either approval or unpunished indifference, the likelihood of subsequent performance is probable.

Organizational Culture

Organizational culture refers to the formal environment and norms that characterize a specific organization, as well as its informal behavioral and the social phenomena that occur among individuals in an organization. More specifically it is defined as shared beliefs, feelings, assumptions, expectations, attitudes, norms, and values (Schein, 2011). Furthermore, organizational culture can be understood as either
something that an organization has or something an organization is (Mannion, Davies, & Marshall, 2003).

Organizational culture in healthcare is defined as the product of shared values, attitudes and patterns of behaviors which medical practitioners observe during the process of care delivery (Stock, McFadden, & Gowen, 2010). Healthy workplaces are considered to be empowering environments, (Cornett & Rourke, 2009) where leaders shape organizational culture by creating and sustaining healthy work environments (Shirey, 2009). However, nursing has historically been unempowered (Isaac, 2011).

A nurse’s ability to identify and resolve concerns in a complex environment, where interactions between physicians, social workers, case managers, administrators, and themselves are uncertain, is significant to retention and hallmark of a healthy workplace (Robichaux & Parsons, 2009). Strouse and Nickerson (2016) studied nursing faculty’s perception of nursing culture and identified four themes. 1. Nursing culture is multifaceted, multivalent and at times contradictory, 2. Many factors interact and have influence on the culture of nursing, 3. Navigating the subcultures (academia, service and organizational culture) is challenging for faculty, and 4. Nursing faculty believe that the right conditions facilitate the enculturation of students. Although all of the participants described caring as characteristic of the culture of nursing, participants also ascribed “eating our young and lateral violence to the culture of nursing.” They also described the disbelief and discomfort of passing on this negative culture to students.

Professional Responsibility

Nursing academe has a professional responsibility to address disruptive behaviors and uphold the standards that professional organizations have recommended. Edwards
and O’Connell (2006) propose that because higher education recruits nursing faculty primarily from health care settings where bullying has been identified as a problem, that these dysfunctional behaviors could be transposed into nursing education. Others have theorized that dysfunctional nurse to nurse behavior begins within nursing academe (Baltimore, 2006; Randle, 2003). Dellasega (2009) articulates that changing a negative work environment is the responsibility of administrators.

There are several organizations that advocate for anti-bullying policies. Edwards and O’Connell (2006) advocate for nurse educators to adopt a program similar to Britain’s 1999 “zero tolerance” directive, which is aimed at preventing violence and bullying incidences against National Health Service staff. Therefore, it is important for nurse educators to display leadership behavior and promote a professional work environment.

When the World Health Organization (WHO) launched the Health Workforce Decade (2006-2015) a high priority was given to develop effective workforce strategies including healthy workplaces for healthcare workers (WHO, 2006). Many professional nursing organizations have identified that unhealthy work environments contribute to serious negative outcomes to patients and health care employees. (AACN, 2005; TCAN, 2008). Both of the organizations report that disruptive behaviors are toxic to the nursing profession and negatively impact the retention of quality health care professionals. Research by AACN has supported that unhealthy work environments contribute to medical errors and stress among health care workers. Having recognized the seriousness of these negative outcomes, professional organizations have advocated for healthcare organizations to address and implement policies and or standards related to disruptive
behaviors (AACN; International Council of Nurses, 2009; TCAN). Several of standards that have been developed have addressed leadership and the importance of education and appropriate role modeling (AACN; JCAHO, 2007; TCAN).

The American Association of Critical Care Nurses (AACN) is committed to creating healthy work environments and responded to a call in 2001 for professional groups to serve as advocates for change by developing six essential standards for establishing and sustaining healthy work environments. The standards include skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership. Standard six involves authentic leadership and calls for nurse leaders to be role models, to fully embrace a healthy work environment and engage others to do the same.

Because of concerns for patient safety, the Joint Commission on Accreditation for Healthcare Organization (JCAHO) developed and implemented a new accreditation standard in April 2007 related to disruptive behaviors. The standard stated: “As a critical component of the culture of safety, leaders set expectations for behavior among those who work in the organization” (JCAHO, 2007, ¶ 3). Effective January 1, 2009, JCAHO implemented Leadership standard (LD.03.01.01), which addresses disruptive and inappropriate behaviors in two of its elements of performance; EP 4: The hospital/organization has a code of conduct that defines acceptable and disruptive and inappropriate behaviors and EP 5: Leaders create and implement a process for managing disruptive and inappropriate behaviors.

The Center for American Nurses (TCAN) recognizes that disruptive behaviors such as lateral violence and bullying are not conducive to a culture of safety. In 2008,
The CENTER recommended several strategies to eliminate disruptive behaviors, one of which was directed at academic programs and continual education. In this recommendation, The CENTER suggested that academic programs develop programs regarding bullying to educate nursing students on the incidence of these disruptive behaviors, along with steps to eradicate the disruptive behaviors (TCAN).

Faculty Shortage

Interest in nursing careers is high (AACN, 2009), yet according to a survey on the 2008-2009 Nursing Enrollments and Graduations released by the American Association of Colleges of Nursing (AACN, 2009), less than half of all qualified applicants to baccalaureate nursing programs were admitted last year, despite the nursing shortage and the need to increase the number of registered nurses (RNs) in the U.S. workforce. In fact, the AACN's survey found that approximately 50,000 qualified applications were not accepted at schools of nursing in 2008 primarily due to a shortage of faculty and resource constraints.

According to a Special Survey on Vacant Faculty Positions released by AACN in August 2009, a total of 803 faculty vacancies were identified at 554 nursing schools with baccalaureate and/or graduate programs across the country. In addition to the faculty vacancy rates, schools reported the need to create an additional 117 faculty positions to accommodate the increase in student demand. The data show a national nurse faculty vacancy rate of 6.6% which translates into approximately 1.4 faculty vacancies per school (AACN, 2009).

The nursing faculty shortage is compounded by the fact that a large majority of nursing professionals are nearing retirement and the number of new replacement nurses
will not be sufficient to fill the gaps (AACN, 2009). The average age of nurse educators is almost 52 years old and 75% of them expect to retire by 2019. This gap created by faculty retirement translates into nursing programs denying admission to future nursing students (AACN, 2009).

The nursing faculty shortage is viewed as cyclic (Brady, 2007; Hinshaw, 2001). Because of the shortage of qualified faculty, programs must limit the number of student enrolled; which causes a further decrease in the number of graduates and increases the competition for qualified nurses. Clinical agencies have added to the problem (Brady). In an effort to recruit nurses to the bedside, agencies have adjusted salaries and workloads to maintain a competitive edge, and university’s lack the same flexibility and, therefore, have a difficult time competing (Brady).

Ultimately, the competition for qualified nurses may limit the number of future nurses pursuing academia as a career choice and further compound the nursing faculty shortage (Brady; Evans, 2005; Hinshaw). In an effort to alleviate the nursing faculty shortage, researchers have been investigating factors affecting nurse faculty recruitment and retention (Garbee & Killacky, 2008; Rouse, 2006; Wolfertz, 1999).

Retention

Healthcare and higher education leaders recognize that retention of nursing faculty is vital to the nursing profession. Literature suggests that job satisfaction makes a difference in whether workers stay on at a job (Gormley, 2001). However, there is limited
research on retention and attrition of nursing faculty. The majority of publications in this area address perceptions, perspectives and advice on how to retain faculty.

Gormley (2001) conducted a meta-analysis to examine the factors that influence nursing faculty members’ job satisfaction. He found 8 predictor variables. The predictor variables that Gromley identified included professional autonomy, leader expectations, role conflict, role ambiguity, consideration of the leader, behavior of the leader, organizational characteristics, and organizational climate.

Ambrose, Huston, and Norman (2005) investigated university faculty members’ satisfaction by interviewing a total of 123 current faculty members and 73 former faculty members over a two year period. The reasons for satisfaction or dissatisfaction were identified as salaries, collegiality, mentoring, the reappointment, promotion, and tenure process, department heads, institution location, and interdisciplinary nature of the institution, and of these collegiality was the single most cited issue that affected satisfaction. The complaints of lack of collegiality fell into three major categories: colleagues’ lack of time and interest, intradepartmental tensions, and incivility.

Researchers have investigated factors that would entice aging faculty to continue working beyond their retirement date (Foxall, Megal, Grigsby & Billings, 2007; Kowalski, Dalley, & Weigand, 2006). Similarities were found between the two studies. Both studies recognized work environment as one factor that would entice aging faculty to remain employed after retirement. However, a difference between the studies was in the amount of priority that the work environment was given compared to other themes (Foxall, et al., 2007).
Many authors have also proposed ideas, opinions, and strategies that would entice aging faculty to continue working beyond their retirement date (Bellack, 2004; Falk, 2007; Hinshaw, 2001). Falk (2007) suggested that plans should be developed to build and sustain desirable work environments that are welcoming and foster support. Work environments play an integral role in the retention of aging nursing faculty. According to Foxall, et al (2007), mature workers are attracted to environments at value their experience and capabilities.

Leaders within nursing education have recognized a need to recruit and retain younger faculty members to replace an aging work force (Hessler & Ritchie, 2005), a daunting task for administrators because as the number of vacant faculty positions increases the amount of opportunities for educators also increases (Gazza & Shellenbarger, 2005; Hessler & Ritchie). According to Gazza and Shellebarger (2005) the recruitment of nurse educators is important, but administrators must focus on retaining nurse educators through supportive programs. This need for retention has led researchers to investigate novice educators and their experiences within academia (Horat, 2008; Siler & Kleiner, 2001).

Supportive programs are imperative to assist in acclimating new educators to the faculty role. Siler and Kleiner (2001) recognize that new educators are rarely prepared educationally or experientially for the educator’s roles and responsibilities. Therefore, new educators are not only faced with the challenge of learning a new role but also trying to balance the academic work demands (Gazza & Shellenbarger, 2005).

Socialization is especially important for new faculty as the roles of a new nurse educator are learned through the successful socialization into an environment (Dunham-
Taylor, Lynn, Moore, McDaniel, & Walker, 2008). Socialization is considered an important aspect of developing solid relationship among nursing faculty and positively affecting retention (Gazza & Shellenbarger, 2005; Hessler & Ritchie, 2005).

Nursing faculty have a great deal of autonomy, but need peer support to assist in transitioning from the clinical expert to novice nurse educator to experienced faculty (Brady, 2007). New nurse educators are amazed at the amount of independence and responsibility given to them almost immediately (Siler & Kleiner, 2001). This independence is unexpected because typically new educators come from clinical settings where they had been socialized differently creating a culture shock in the new setting (Siler & Kleiner). Nursing faculty also value a sense of team and community (Brady, 2007).

A common variable identified from retention literature is work environment (Brewer, Zayas, Kahn, & Sienkiewicz, 2006; Dee, 2004; Garbee & Killacky, 2008; Van Ummersen, 2005; & Wolfertz, 1999). Horat (2008) studied the experience that influenced new nursing faculty’s decision to stay or leave the nursing academe. Non-nurturing factors were identified as having an influence on decisions to leave. Garbel (2005) also found that the work environment seems to be crucial to satisfaction, organizational commitment, and intent to stay.

Bullying Phenomenon

Brodsky from the US was one of the first researchers to examine workplace harassment in 1976 (Lutgen-Sandvik, Tracy, & Alberts, 2007), by interviewing persons filing workers’ compensation claims in California and Nevada. Her published findings received little attention at that time, but when interest surged in Britain in the early 1990s,
Brodsky’s (1976) research was revived and is now considered a founding piece of scholarship on the subject on harassment (Lutgen-Sandvik, Tracy, & Alberts, 2007).

Workplace bullying appeared within the research in the early 1980’s in Sweden (Leymann, 1996; Lutgen-Sandvik et al., 2007) and many consider a researcher by the name of Leymann as a pioneer within the field of bullying (Lutgen-Sandvik et al., 2007). Although his initial interest was school bullying, based on Olweus’s schoolyard bullying, Leymann began researching adult bullying at work (Leymann, 1996). Following his initial interest in school bullying, Leymann began researching adult bullying at work (Leymann, 1996).

Leymann was interested in bullying and the impact it had on one’s health (Namie, 2003). Leymann called this phenomena “mobbing” (Leymann, 1996; Namie, 2003). He reported the traumatization that can occur from sustained “psychological terrorization” (Namie, 2003).

The term “workplace bullying” was coined by Adams, a British freelance journalist who applied bullying to adult misery in 1992 (Lutgen-Sandvik et al., 2007; Namie, 2003). Through a series of BBC broadcasts, Adams brought the issue of workplace bullying to the public’s attention (Lutgen-Sandvik et al., 2007; Namie, 2003).

Definition Issues

Despite advances in the knowledge of bullying, one of the most challenging issues researchers have faced is the lack of an agreed upon definition to capture the intricacies of the complex workplace behavior (Lutgen-Sandvik et al., 2007; Keashly & Neuman, 2004). Several different terms or labels are used interchangeably by researchers around the world to describe negative workplace behaviors (Saunders, Huynh, &
Goodman-Delahunty, 2007). The term “workplace bullying” is used primarily by researchers in Australia (Sheehan, 1999), the United Kingdom (Rayner, 1997), Northern Europe (Einarsen, Hoel, Zapf, & Copper, 2003), and the United States (Lutgen-Sandvik, Tracy, & Alberts, 2007; Saunders, Huynh, Goodman-Delanhuntly, 2007). “Mobbing” is commonly used in France and Germany (Leymann, 1990; Zapf, Knorz, & Kulla, 1996). “Work Harassment” is the term preferred by some researchers in Finland (Bjorkqvist, Osterman, & Hjelt-Back, 1994; Bowling & Beehr, 2006). The range of terms in U.S. research include “emotional abuse” (Keashly, 2001; Lutgen-Sandvik, 2003), “social undermining” (Duffy, Gangster, & Pagon, 2002), “generalized workplace abuse” (Richman, Rospenda, Flaherty, & Freels, 2001), “work harassment” (Brodsky, 1976), “workplace mistreatment” (Mearse et al., 2004), and “aggression” (Baron & Neuman, 1998).

Einarsen and Skogstad (1996) defined bullying as when a person is repeatedly subjected to negative act in the workplace and feel inferior to defending oneself in the actual situation. Einarsen and Stogstad use the terms bullying, harassment and mobbing interchangeably. A growing consensus appears to be emerging with regard to the definition of the problem (Einarsen et al., 2003), disagreement still exists about how bullying may best be operationalized and measured.

Saunders, Huynh, Goodman-Delanhuntly (2007) acknowledged that workplace bullying researchers and practitioners have struggled to establish a single agreed upon definition. As a consequence, numerous definitions of workplace bullying are currently in use around the world to investigate this serious workplace issue. Saunders et al. investigated the extent to which the criteria perceived to be central to definitions of
workplace bullying of lay participants coincided with criteria appearing in most operational definitions of workplace bullying used by researchers and practitioners. Results revealed definitions of workplace bullying, prevalent in the scientific and professional communities, differ from employees’ definitions in several respects. Specifically, lay participants greatly value a professional workplace free of inappropriate, unprofessional behavior that can be deemed harassing and bullying in nature, a criterion of bullying not accounted for in most contemporary definitions of workplace bullying.

Bullying Workplace Characteristics

Workplace bullying and the other related constructs discussed share several important characteristics (Keashly & Neuman, 2004). First, the behaviors in question potentially (or actually) cause harm to one or more individuals (targets). Second, the targets do not invite nor welcome the behavior in question and are motivated to avoid such treatment. Third, the behaviors are intentional in nature and the objective of this intent is to harm the target (psychologically, emotionally, or physically), or the harm is merely inflicted as a means to achieve some other desired end (Keashly & Neuman).

Bullying is long-lasting, recurrent, has serious negative actions, and behaviors that are annoying and oppressing. Negative behaviors develop into bullying when the actions become continuous and repeated (Vartia, 1996).

Leymann (1990) revealed that 3.5% of the respondents studied fit into the given definition of mobbing. Psychological terror or mobbing in working life involves hostile and unethical communication, directed in a systematic way by one or a few individuals mainly towards an individual who, is pushed into a helpless and defenseless position and held there by means of continuing mobbing activities (Leymann, 1996).
Prevalence of Bullying Behaviors

The prevalence of bullying behaviors covers a range of frequency. Leyman (1993) found that a minimum of 7.8% of hospital workers can be classified as bullied. Einarsen and Skogstad (1996) investigated the prevalence of bullying and harassment at work by looking at data from 14 different Norwegian studies and found that as many as 8.6% of the respondents reported that they had been bullied at work during the previous 6 months. Similarly, Vartia (1996) measured the prevalence of bullying of municipal employees in Finland and found that 10.1% of respondents felt bullied. Similarly, Smith, Singer, Hoel, and Cooper (2003) found that 10.6% of respondents reported being bullied within the last 6 months. Hoel, Faragher, and Cooper (2004) investigated the impact of negative behaviors and bullying in the workplace and found that 10.8% of individuals indicated a frequency of such behaviors in excess of several times per month. In contrast, Leyman (1993) found a maximum of 26.6% in the hospital can be classified as bullied. Jennifer, Cowie, and Ananiadou (2003) placed 33.7% of their sample in the bullied/non-victim category and 21.1% in the victim category.

Lutgen-Sandvik, Tracy, and Alberts (2006) assessed the prevalence of workplace bullying in a sample of United States’ workers using the Negative Acts Questionnaire and found that bullying prevalence based on persistent negative acts was significantly higher than prevalence based on self-identification. Twenty-Eight percent of respondents met the operational criteria and were classified “bullied”; however, only 9.4% of these respondents self-identified as bullied. Furthermore, of those who classified themselves as bullied, all but two (95%) were also identified operationally. The two who self-identified
but were not operationally identified reported one negative act at least weekly rather than two.

Observer

Smith and associates (2003) examined if there was a link between reported roles in school bullying and victimization in the workplace. Twenty-Five and one half percent of respondents reported to being a bystander to the bullying at school. In contrast, Vartia (1996) measured the prevalence of bullying of municipal employees in Finland and found that 8.7% of respondents were observers of bulling.

Gender

McKenna et al. (2003), Zellars (2002), Vartia (1996), Leyman (1996), and Einarsen and Stogstad (1996) found no correlation between gender victimization and bullying. However, Zapf and Einarsen (2003) noted that research has revealed that bullies seem to be male more often than female, and supervisors and managers more often than colleagues.

Age

Zellars (2002) and Leymann (1996) found no significant difference in age, whereas, Vartia (1996) found that the correlation between age and bullying was very slight (-0.08). McKenna et al (2003) found that respondents under the age of 30 (69%) were more likely than those over 30 (51%) to feel undervalued. In contrast, those under 30 (29%) were less likely than those aged 30 and over (41%) to experience being verbally humiliated (McKenna, et al). Additionally, Einarsen and Skogstad found older employees reported significantly more bullying than younger employees except within
the university sample which reported significantly less bullying among the employees above 50 years of age.

Racial/Ethnic Bullying

Fox and Stallworth (2003) examined relations between the incidence of workplace bullying and the everyday experiences of members of ethnic and racial minorities in the American workplace.

Offenders

Glendinning (2001) investigated the hypothesis that supervisor/employee workplace bullying is an issue that has great weight in modern organizational dynamics, especially considering the tight labor market. Glendinning conducted an extensive literature review, which included sampling of thought. The findings concluded that a radically different type of supervisor/employee relationship is required in this tight labor market; workplace bullying is a widespread phenomenon, identified that workplace bullying has high cost to both targets and the organization, described what motivates a supervisor to bully, and provided advise on what can be done to address bullying.

Einarsen and Skogstad (1996) investigated who the bullies and perpetrators were and found that 25% reported that a manager of the workplace to be a bully and found that 28% of employees reported being bullied by their immediate supervisor.

Bullying by Co-Workers

Einarsen and Skogstad (1996) investigated who the bullies and perpetrators were and found that 38% of respondents reported having been bullied by colleagues within
their own group or profession while 23% reported colleagues from another work group or another profession to be the bully.

Bullying by Others

Einarsen and Skogstad (1996) investigated who the bullies and perpetrators were and found that 15% were bullied by customers, clients, or students.

Bullying of Nurses

International researchers have found that nurses are 16 times more likely to experience abuse than other health care professionals (Canadian Nurses Association, 2002). In health care settings within the United States, nurses report the majority of incidences of workplace abuse, although the U.S. Bureau of Labor Statistics (BLS) and the Occupational Safety and Health Administration (OSHA) both agree that workplace abuse in health care settings is extremely underreported (National Institute for Occupational Safety and Health, 1997; OSHA, 2004). In response to a survey by the Joint Commission (2008), more than 50% of nurses reported having been a victim of bullying and/or disruptive behavior at work, and more than 90% stated that they had witnessed bullying.

Nurse’s dissatisfaction and related intent to leave a work environment are believed to be key factors contributing to the nursing shortage (Olender-Russo, 2009). Additionally, exposure to incivility, including workplace bullying, is one of the primary factors influencing RN dissatisfaction and turnover rates (Simons, 2008).

By Medical Doctor (MD)

Studies show that in relation to other professionals in the health care system nurses largely remain an oppressed group, dominated by those considered more powerful,
such as physicians, who continue to intrude on nursing matters, affecting nurse’s lives favorably or unfavorably (Daiski, 2004).

By Colleagues

Daiski (2004) found that lack of support from colleagues as well as infighting was reported. “Eating their young” a term used to describe the treatment students as well as newly hired nurses by existing nurses, was a common occurrence. Farrell 1997 found that respondents were most concerned with intra-staff aggression, that is, aggression by nurses toward nurses ranging from verbal innuendos to physical assaults. All respondents in Farrell’s study thought that this form of aggression was more problematic than aggression from patients.

Bullying in Higher Education

Numerous studies have investigated the occurrences of bullying in universities and colleges (Clark, 2008; Clark & Springer, 2005; Edwards & O’Connell, 2006; Luparell, 2004; Stone, 2007). There is increased literature on student incivility against faculty (Clark & Springer, 2007). Clark and Springer suggest that although student incivility is an important issue, researchers need to also investigate how faculty members contribute to incivility in the academic environment.

Lewis (1999) reported that of 800 members of the lecturer’s union NATFE in Wales 18% of lecturers had been bullied, 25% had been told by colleagues that they had been bullied, 22% had witnessed bullying.

Bullying in Nursing Education

Specific research regarding bullying in nursing education in limited, but the body of literature on the topic is growing (Clark, 2008). Several authors have suggested that
bullying behaviors begin within nursing academe (Baltimore, 2006; Smythe, 1984). The education of nurses is now part of higher education and most importantly nursing educators are generally recruited from the health care sector (Edwards & O’Connell, 2006), could be possible to transfer the bullying behaviors that have been identified within the health care sector into nursing education through the recruitment of nurse educators. They further state that the investigations and literature into bullying in higher education and within the health care sector could be transposed into nursing education.

Nursing faculty have been called a vulnerable population who are susceptible to physical, psychological, and emotional harm from students, peers, and administrators (DalPezzo & Jett, 2009). These harmful practices can occur from uncivil or dangerous interactions with students, horizontal violence of from colleagues, and abuse of power by administrators (DalPezzo & Jett, 2009).

According to DalPezzo and Jett (2010) one of the most common sources of harm to nursing faculty is the uncivil encounters that occur with students. Uncivil acts can range from rudeness and disruptiveness to severe injury or loss of life to faculty members. In a study by Clark & Springer (2007b), both students and faculty agreed that the top five uncivil behaviors include cheating, using cell phones or pagers in class, holding distracting conversations, making sarcastic remarks or gestures, and sleeping in class.

Student incivility often escalates to include acts of aggression and bullying (DalPezzo & Jett, 2010). Examples of this type of incivility include harassment over grades, accusation of discrimination, disparaging remarks, and verbal abuse. Luparell
(2007) found that 36 incidences of incivility ranging from classroom rudeness to aggression and threats to personal safety were reported by 21 faculty members.

Clark and Springer (2007b) reported that the student behaviors most often reported as uncivil by both the students and faculty included cheating on examinations and quizzes, using cell phones or pagers during class, holding conversations that distract faculty or students, making sarcastic remarks or gestures, sleeping in class, using computers for purposes not related to class, demanding make-up examinations, extensions, or other favors, making disapproving groans, dominating class discussions, and refusing to answer direct questions. The survey also contained a list of 11 faculty and student behaviors that may be considered beyond uncivil. The top two student behaviors that were identified as beyond civil were challenges to faculty knowledge or credibility and general taunts or disrespect to faculty.

Clark (2008) investigated what student behaviors are considered uncivil by other students and faculty. The student behaviors most frequently reported as uncivil by both students and faculty included holding distracting conversations (78.3%); using a computer in class for purposes unrelated to class (77.8%); demanding make-up examinations, extension, and grade changes (76.9%); being unprepared for class (76.2%); and making sarcastic remarks or gestures (70.8%).

Faculty Bullying

The issues at the forefront for faculty in schools of nursing are competiveness, lack of support, bullying by faculty, and interpersonal violence (Glass, 2005).
Faculty to Student

Disruptive behaviors by students are often rooted in anger at perceived injustices, discrimination, rigidity, or unreasonable expectation by nursing faculty (Clark, 2008). According to Clark (2008) students reported being angered by unexpected or arbitrary changes to the syllabus, required assignments, and clinical assignments. The faculty behaviors most frequently reported as uncivil by the students and faculty combined included making condescending remarks or put-downs (82.6%), making rude gestures or displaying rude behaviors (81.3%), exerting rank or superiority over others (75.2%), being unavailable outside of class (74.4%), and being distant and cold toward others (74.3%). Clark also reported that uncivil faculty behaviors included making demeaning and belittling comments, treating students unfairly or subjectively, and pressuring students to confirm.

Clark and Springer (2007) found similar results. The faculty behaviors most often reported as uncivil were belittling or taunting students; being distant or cold toward students; being inflexible, being rigid, or punishing the class for one student’s behavior; being unavailable outside of class; refusing or being reluctant to answer questions; being unprepared for class; making statements about being disinterested in the subject matter; ignoring disruptive student behaviors; not speaking clearly or being understandable; and canceling class without warning. The survey also contained a list of 11 faculty and student behaviors that may be considered beyond uncivil. The faculty behavior that respondents identified as being beyond uncivil was, challenging of other faculty’s credibility or knowledge (Clark & Springer).
Thomas (2003) found similar results in a study examining the effects of uncivil faculty behaviors on nursing students. Students reported being angry about perceived faculty unfairness, rigidity, harsh criticism, insistence on conformity, and gender, racial, and ethnic discrimination.

Keashly et al. (1994) surveyed undergraduates with work experience and found 100% stated they had experienced some sort of abusive event that affected satisfaction and was related to turnover.

Supervisor to Faculty

Nurse educators are also subjected to lack of support and abuse of power by administrators. Subtle forms of abuse may include inequitable treatment, failure to give faculty credit for ideas or accomplishments, ignoring or excluding people from groups or projects, and lack of support during difficult times (Glass, 2001, 2003). More blatant forms of abuse include intimidation, verbal attack and cutting remarks, and intentionally limiting academic progression (Glass, 2001, 2003). Xu and Kwak (2005) warn that faculty can also be subjected to discrimination via unequal teaching loads and poor annual evaluations.

Faculty to Faculty

In addition to coping with disruptive behaviors from students, nursing faculty must also cope with uncivil treatment by colleagues and administrators (DalPezzo & Jett, 2010). Although faculty bullying is a rarely discussed, it has been confirmed by many faculty members (Heinrich, 2006). Nursing faculty have described competitiveness, ostracism, bullying, blaming, silencing, lack of recognition, devaluation of accomplishments, and lack of support, as types of disturbing behaviors (Glass, 2007).
Heinrich (2006, 2007) describe horizontal violence in nursing academia as “joy-stealing games” and identified 10 games that educators use to undermine peers. These games include destructive behaviors such as distorting, setting up, lying, shaming, betraying, breaking boundaries, splitting, mandating, blaming, and silencing colleagues (Heinrich, 2006, 2007).

Psychological Bullying

Studies in Norway, Sweden, Finland, the UK, and the US clearly point to the relationship between bullying and depression, anxiety, aggression, insomnia, psychosomatic effects, stress, and general physical and mental ill health (Coyne, et al., 2000; Glendinning, 2001; Namie, 1999; Rayner et al., 2002; Matthiesen, 1999; Mikkelsen & Einarsen, 2002). Neidl (1996) confirmed findings that mobbing has a negative impact on the well-being such as anxiety, depression, irritation, psychosomatic complaints of bullied individuals compared to non-bullied individuals.

Workplace bullying has several unfavorable psychological effects on victims (Fox and Stallworth, 2005), such as depression, low self-esteem, and suicidal thoughts (Einarsen and Mattiesen, 1999).

Tracy, Lutgen-Sandvik, and Albert (2006) used metaphor analysis to articulate and explore the emotional pain of workplace bullying. Based on qualitative data, the analysis describes how bullying can feel like a battle, water torture, nightmare, or noxious substance. Abused workers frame bullies as narcissistic dictators, two-faced actors, and devil figures.
Long-term workplace abuse has also been found to be linked to post-traumatic stress disorder (PTSD), suicidal ideation and suicide (Leymann, 1990; Leymann and Gustaffson, 1996; Einarsen)

Physical Bullying

Bullying has been shown to be associated with physiological problems such as musculoskeletal pains, chronic fatigue syndrome (Einarsen and Mikkelsen, 2003), headaches, stomach discord, rash (Vartia, 2001) and cardiovascular disease (Kivimaki, et al., 2003).

Hoel, Faragher, and Cooper (2004) investigated the impact of negative behaviors and bullying in the workplace on the health and well-being of employees and found a highly significant Pearson correlation between self-reported frequency of bullying and the measure of health.

Destructive Reactions

Lutgen-Sandvik, Tracy, and Alberts (2006) assessed the prevalence of workplace bullying in a sample of United States’ workers using the Negative Acts Questionnaire and found that bullying degree positively correlated with stress and was inversely related to job satisfaction and overall job ranking. These findings are consistent with previous research indicating that as the number of bullying events occurring weekly increases, the degree of negative impact as increases (Keashly & Neuman, 2002).

Intent to Leave

Bullying has been demonstrated to increase the intent to leave in multiple disciplines. In business, Neidl (1996) also found that people who were bullied demonstrated destructive reactions, including reduced commitment or leaving the firm.
Lutgen-Sandvik (2006) investigated narratives of 30 workers who were targeted or witnessed bullying. In some cases, employees evaluate the situation and quickly leave. Others protest but, when resistance fails to stop the abuse, they also leave the organization. Djurkovic, McCormack, and Casimir (2008) examined whether schoolteachers’ perception of organizational support moderate the relationship between workplace bullying and victims’ intention to leave and found workplace bullying has a significant positive correlation with intention to leave, corroborating the findings of previous studies. However, the effects of bullying on intention to leave were less pronounced with high levels of perceived organizational support. Faculty are faced with the burden of heavy workloads and other campus responsibilities but are often driven from academe by incivility (Luparell, 2005, 2007).

Coping Strategies

Smith, Singer, Hoel, and Cooper (2003) examined the link between reported roles in school bullying and victimization in the workplace. A wide range of coping strategies were reported, but the main strategies were “tried to avoid the situation”, “tried to ignore it”, and “fought back”. “Got help from a teacher” was only reported by 6% of the respondent.

Apologies

Fox and Stallworth (2006) conducted an exploratory study to investigate respondents’ experience with workplace bullying, how targets of bullying viewed the hypothetical effectiveness of various ways employers might handle complaints of bullying, and in particular, whether an apology would or would not be effective in resolving bullying disputes, and would African American workers be more likely than
white workers to accept apologies, or would women be more likely than men to accept apologies. The respondents were recruited from the National Association of African-American Human Resources Professionals, Hispanic MBA Association, Loyola University Chicago Alumni Association (MBA graduates), and the National Black MBA Association (Illinois). Ethnicity break down was (9%) Asian, (52%) African American, (10%) Hispanic/Latino, (27%) White, and (4%) other. The gender break down was (34%) men and (66%) women. 97% of respondents reported having experienced bullying at work. Sixty-Seven percent of respondents reported that an employer apology would make a difference in resolving the dispute. The author found that African Americans were significantly less willing than whites to give significance to an apology, and men were significantly more willing than women to withdrawal a charge if an apology was offered.

Impact/Cost of Bullying on Organization

The impact and cost of bullying within organizations runs the gamut from individual health (Hoel et al., 2004) to organization health (Bland-Jones & Gates, 2007; Vega & Comer, 2005) to society overall (Poilpot-Rocaboy, 2006).

Impact/Cost of Bullying on Personnel

The impact of bullying affects people’s health and well-being. Hoel et al. (2004) found a much higher correlation between the frequency of negative behaviors and health. Adult bullying at work has a measureable negative impact on organizations (Tracy, Lutgen-Sandvik, & Alberts, 2006). Direct costs include increased disability and workers’ compensation claims, increased medical cost (Bassman, 1992), and risk of wrongful discharge (Yamada, 2000). Indirect costs include low-quality work, reduced productivity, high staff turnover, increased absenteeism, and deteriorated customer relationships and
public image (Hoel et al., 2003; Keashly & Neuman, 2005). Like a disease, early diagnosis of a toxic work environment and interventions are key to mitigating organizational cost (Hutton, 2006).

Financial

The impact of bullying on an organization and the individual are impressive (Vega & Comer, 2004). Organizational costs include people leaving as a result of bullying, reduced productivity, and a loss of creativity and innovation. Efficiency is likely to decline as employees request extra sick days. Legal countermeasures by employees can deflect organizational operational funds and lead to a financial bottom line consequence and the economic cost of nurse turnover has been reported from $22,000 to more than $64,000 per nurse (Bland-Jones & Gates, 2007).

Societal Effects

According to Poilpot-Rocaboy (2006) the direct and indirect costs to society of psychological harassment are difficult to estimate. Di Marino et al. (2003) noted the assessment of the total costs of psychological harassment to society is more difficult to calculate because it is not possible to estimate such cost by simply adding up all the individual costs and all the organizational costs. However, several consequences of bullying may translate into an economic burden. Absenteeism costs arising from long term illness, early retirement on the grounds of ill health, long term unemployment and welfare dependency are examples of societal costs (Poilpot-Rocaboy).

Possible Explanations for Bullying

Researchers have identified several possible premises to explain the prevalence of bullying with in nursing. The first possible explanation and most cited is the assumption
that nurses are an oppressed group. (Daiski, 2004; DeMarco & Roberts, 2003; Leiper, 2005; Rowe & Sherlock, 2005). The oppressed group theory proposes that nurses perceive themselves as alienated and powerless within the work environment (DeMarco & Roberts, 2003; Ramos, 2006) and oppression exists when a powerful group controls a less powerful group (Sheridan-Leos, 2008). Instead of fighting back against a superior and risk retaliation, an oppressed group will displace their frustration within their own ranks. Nursing has been historically been a profession of primarily women who have been headed by male physicians (Sheridan-Leos, 2008). As an oppressed group the largest portion of negative behaviors within nursing appears to be horizontal/lateral rather than hierarchical (Roberts, 1983; Farrell, 1997; Randle, 2001; Demarco & Roberts, 2003; Danski, 2004; Rowe & Sherlock, 2005).

A second explanation identified in the literature is that bullying is a learned behavior (Baltimore, 2006; DeBellis et al, 2001; Kohnke, 1981; Lewis, 2006; Randle, 2001, 2003a, 2003b; Stevenson et al., 2006) Kohnke explains the cyclic nature of abuse among nurses by suggesting that nurses demonstrate bullying behaviors because they were once treated badly. These nurses, therefore, see it as their right to do the same (Kohnke). Smythe (1984) suggested that antisocial behaviors starts in nursing school, when those that were treated poorly turn and subject new nurses with the same treatment.

Kohnke (1981) also suggests that people assimilate to their environment. In an attempt to socialize into an environment, individuals will adopt the norms and values that characterize the working group (Lewis, 2006; Randle, 2003). As individuals assimilate, they begin to accept negative behaviors as part of the culture and there by ignore the behaviors (Cox, 1987; Hutchinson et al., 2005; Lewis, 2006).
Identifying the Bullies

Namie (2003) sorted bullies into four main categories. The first category is the Screaming Mimi, who is the stereotypical bully that controls the emotional tone for everyone else by toxifying the workplace with mood swings and unpredictable displays of anger. The targets are publicly belittled in an attempt to convince witnesses that the bully is to be feared. This bully usually stops short of physical violence, but this volatile individual poses the violent risk employers fear most (Namie, 2003).

The next bully is the hypercritical nitpicker called the Constant Critic (Namie, 2003), who is obsessed with others’ performance and focuses on the minutiae in an effort to hide their own deficiencies and insecurities. This bully resorts to name calling, loves to complain about everyone else’s incompetence, and invents targets’ errors to belittle and confuse targets. Although, this bully prefers behind the door settings, they can criticize targets in public too (Namie, 2003).

The Two-Headed Snake climbs the organizational chart, reserving the brutality for those below (Namie, 2003). This bully defames others’ reputations in order to boost his or her own self-image. The snake uses the “divide and conquer” method and spreads rumors within work teams to turn co-workers against the target. The snake’s version of events is always believed while the target’s perspective is discounted (Namie, 2003).

The fourth category is the Gatekeeper. This bully is obsessed with control and allocates time, money, staffing, and information in ways that ensure the target’s failure. The bully can then use the failure as an excuse to complain about the target performance problems.
Summary

This chapter provided a review of the literature which was chosen to support the necessity for this study which focused on bullying behaviors within nursing academe among colleagues. The bullying phenomenon, characteristics, and prevalence were examined. Aspects of bullying within the workplace, destructive reactions, coping strategies, and impact were discussed. In addition, organizational culture, social learning theory and retention were also reviewed in relationship to nursing and academia.
CHAPTER 3
METHODOLOGY

This mixed methods study examined the factors that contribute to faculty’s decreased work satisfaction and increased turnover (Dunham-Taylor, 2008; Lutgen-Sandvik, Tracy, & Alberts, 2007). The quantitative portion identified the extent nursing faculty experience bullying behaviors by peers and the types and frequency of bullying behaviors; and the qualitative portion explored the lived experience of nursing faculty who have been exposed to bullying behaviors among peers and to determine whether bullying influences their intent to stay in nursing academe. Specifically this chapter defines the methodology used in the conduct of this study. The research and sample designs are described. The research questions are listed and followed by a description of the instrument used to obtain the data. The chapter concludes with a description of the process used for data analysis, validity and reliability, and the processes for the protection of the human participants. The information in this chapter provides an audit trail of the researcher’s decisions in the process of the inquiry. The provisions of the validation processes enable the reader to understand how the participants were selected, data were generated, and rigor and trustworthiness were accomplished.

Research Method and Design

The type of research design selected to address the research questions for this study was a convergent parallel design (Creswell & Plano-Clark, 2011). This mixed method design was used to study bullying behaviors among nursing faculty and their
intent to stay in academe. Specifically, the Negative Acts Questionnaire Revised (NAQ-R) was used to measure perceived exposure to bullying and victimization at work and the bullying behaviors among a subset of nursing faculty were explored through qualitative phone interviews. The two design strands were then merged and interpreted in an attempt to have a greater understanding of the bullying behaviors among nursing faculty and their intent to stay in academe.

Rationale for Research Approach

The convergent parallel design was chosen in order to collect complementary data with equal value on both the quantitative and qualitative strands and allow for collection of data during the same research phase (Creswell & Plano-Clark, 2011). It was anticipated that the two forms of data would provide a greater understanding of the bullying behaviors among nursing faculty and their intent to stay in academe while exploring different aspects of the same phenomenon (Creswell & Plano-Clark, 2011). In this QUAN + QUAL type of methodology, the strands from the quantitative and qualitative data collection occurred concurrently and were prioritized equally (Creswell & Plano-Clark, 2011). This approach was appropriate for this research study because data collection time was limited and the quantitative and qualitative data had equal prioritization in addressing the research questions (Creswell & Plano-Clark, 2011).

In order to collect both quantitative and qualitative data for this convergent parallel design, there was a need to present a process for data collection for both study component strands. The following methodological approaches were utilized for the quantitative and qualitative strands.
Quantitative: Nonexperimental Descriptive Design

The study used a nonexperimental descriptive design for the quantitative data collection. The descriptive design described what exists in terms of occurrences of negative work behaviors among nurse educators (Polit & Beck, 2012). Because little is known about bullying behaviors of nurse educators (Clark, 2009; Ganske, 2010), a nonexperimental descriptive design was used to describe what exists in terms of occurrences of negative work behaviors among nurse educators and is an appropriate to determine what types of bullying behaviors are occurring among nursing faculty (Burns & Grove, 2009). A survey was administered including demographic questions and the Negative Acts Questionnaire-Revised (NAQ-R), a two-page self-administered Likert-type scale questionnaire of 22 items. The NAQ-R is written in behavioral terms with no reference to the term bullying or harassment. It contains items referring to personal and work related bullying as well as physically intimidating bullying.

Qualitative: Descriptive Phenomenology

A descriptive phenomenological approach for qualitative data collection was used because research has shown that this approach helps the researcher identify the essence of the lived experience (in this case, the human experience of bullying among nursing faculty) while emphasizing the richness, breadth, and depth of those experiences (Creswell, 2007; Streubert-Speziale & Carpenter, 2007). Phenomenology, as described by Giorgi (1985), allows the researcher to examine the description of a common day life experience, and “is the study of the structure, and the variations of structure, of the consciousness to which anything, event, or person appears” (Giorgi, 1975, p. 72).

Giorgi (1985) situated himself within the perspective of the French existential phenomenological philosopher Merleau-Ponty and adapted Husserl’s philosophical
method in such a way that it could be used to study psychological phenomena within a scientific context (Giorgi, 2008). The criteria necessary for a qualitative scientific method to qualify as a phenomenological study in the descriptive Husserlian (1997) context was adopted. The researcher followed four characteristics (a) descriptive, (b) reduction (c) search for essences, and (d) intentionality (Giorgi, 1985, 1997). Giorgi (1985) also proposed that a disciplinary attitude be adopted within the context of the phenomenological attitude. The adoption of the nursing disciplinary attitude brings the proper sensitivity to the analysis and provided a perspective that allows the data to be more manageable (Giorgi, 2003, 2008).

Following Giorgi’s (1975) phenomenological method the researcher collected data from participants who have experienced bullying and developed a composite description of the essence of the experience for all. Using this phenomenological approach, the researcher was able to explore, analyze, and express a coherent and cohesive description (being-in-the-world) of the bullying phenomenon among nursing faculty from the perspective of the study participants (Creswell, 2007; Giorgi, 2006; Streubert-Speziale & Carpenter, 2007; Swanson-Kauffman & Schonwald, 1988).

Convergent Parallel Mixed Method Design

Four steps outlined by Creswell and Plano-Clark (2011) were implemented with this convergent parallel methodology. The rationale for collecting both quantitative and qualitative strands was to allow for the two data forms to provide greater insight into addressing bullying among nursing faculty. The following are the procedural steps incorporated to implement the design aspects of this research study. These steps are illustrated in Figure 2.
1. The researcher collected data separately so one method did not depend upon the results of the other.

2. The researcher analyzed the two data strands separately. Descriptive statistics were used for the analysis of the quantitative data. Giorgi’s (1985) four-step analysis plan was followed to analyze the qualitative data.

3. The researcher merged the two data sets so similarities and differences could be identified.

4. Finally, the researcher summarized the findings by discovering how components of the two datasets merge, diverge, and relate to one another in order to provide a more comprehensive understanding of the bullying phenomenon.

Figure 2. : Conceptual Description of Convergent Parallel Mixed Method, Based on Creswell and Plano-Clark, (2011). *Convergent Parallel Design.*

Population and Sample

The empirical phase began by identifying the population and selecting participants who had experience with bullying behaviors among nursing faculty
(Swanson-Kauffman & Schonwald, 1988). The population of interest for both methods was nursing faculty members who were currently working in nursing academe. The study population was accessed via an online list-serve, the Nursing Educator Discussion list (NRSINGED), which is self-moderated and open to nurse educators and interested others. The NRSINGED is provided through the University of Victoria, British of Columbia and has approximately 1,500 members. Those members meeting the criteria were asked to respond to the survey. To be included in the quantitative survey portion of the study, participants must have been currently employed as a faculty member in a school or college of nursing. In an attempt to broaden representation of the population, snowball sampling was used by asking early participants to refer additional study participants who did not subscribe to the list serve. Snowball sampling is a common method used to reach participants who may otherwise have been difficult to locate (Polit & Beck, 2006).

Participants who agreed to complete the survey were then invited to volunteer in the qualitative interview. The researcher deliberately sought participants for the qualitative portion of the study by requesting survey participants who have been exposed to bullying behaviors by a peer to agree to participate. After clicking on the link at the end of the survey and leaving their contact information, they were contacted to participate.

An initial five participants were selected from those who volunteered to be interviewed. An additional 15 volunteers were contacted for interviews to get rich and complete responses. This sample size of 20 interviews exceeded recommended sample sizes for theoretical data saturation of at least 12 interviews (Guest, Bunce, & Johnson, 2006; LoBiondo-Wood & Haber, 2006; Morse, 1994; Speziale & Carpenter, 2007). The
researcher deliberately sought participants for the qualitative portion of the study who had been exposed to bullying behaviors by a colleague, who communicated in English, and who were considered good informants (Munhall, 2007; Swanson-Kauffman & Schonwald, 1988).

Instrument

The demographic instrument (Appendix C) consists of 18 questions with 11 sections including gender, age, ethnicity, academic institution descriptor, region of institution, institutional size, affiliation with religious institution, total years teaching, total years teaching at current institution, employment status, and tenure status were divided into set ranges. Participants were asked to answer the questions based on their status at their college or university. Questions regarding rank, highest degree held, and highest degree institution grants were divided into set ranges. Participants were also able to type in a specific response not included in the set ranges. The questions regarding the type of program participants taught in and race were also divided into set ranges. Participants were also able to type in a specific response not included in the set ranges. They were also allowed to select all that applied.

Negative Acts Questionnaire

The Negative Acts Questionnaire (NAQ) is a research inventory developed for measuring perceived exposure to bullying and victimization at work (Einarsen, Hoel, & Notelaers, 2009; Einarsen & Raknes, 2001). The Negative Acts Questionnaire-Revised (NAQ-R) was developed based on the original NAQ (Einarsen et al., 2009; Einarsen & Raknes, 2001). Although the original scale showed high internal consistency and contained items with good face and construct validity, the items’ validity was only tested within a limited Scandinavian cultural context. However, researchers made minor
changes to the instrument when the survey was translated into English and cultural bias was revealed (Einarsen et al., 2009).

The NAQ-R (Appendix C) is free for noncommercial research projects if the researcher accepts the conditions of use. A request to use the NAQ-R and written acceptance of the terms of use was sent by email to the Bergen Bullying Institution (Appendix D). Permission to use and slightly modify the questionnaire was obtained (Appendix E) from the authors by email response. One NAQ-R question that asked respondents about “Coventry,” a common British term associated with the silent treatment, was changed (Lutgen-Sandvik, Tracy, & Alberts, 2007). The original question, “Being ignored, excluded or being ‘sent to Coventry’” was altered to read “Being ignored, excluded, or isolated from others.” All of the other items on the questionnaire were left intact.

The NAQ-R is a two-page self-administered Likert-type scale questionnaire. The frequency response categories are Likert-type scale ranging from 1 (never) to 5 (daily). The questionnaire consists of 22 items, each written in behavioral terms with no reference to the term bullying or harassment and contains items referring to direct (openly attacking the victim) and indirect (social isolation, slander) aspects of bullying. The items are further broken down into three subfactors.

Table 1 lists the subfactors referring to work and personal related bullying as well as physically intimidating bullying. The first subfactor, personal bullying, includes 12 items describing exposure to behaviors such as gossip, insulting remarks, excessive teasing, and persistent criticism. The second subfactor, work related bullying, consists of six items measuring exposure to behaviors such as unreasonable deadlines, unmanageable workloads, excessive monitoring, and experiencing that vital information
is being withheld. The third subfactor, physically intimidating bullying, consists of three items measuring exposure to behaviors such as threats of violence or actual abuse.

Table 1

The Negative Acts Questionnaire Revised: Bullying subfactors and items numbers, with example for each type of item, included on the NAQ-R instrument

<table>
<thead>
<tr>
<th>Bullying Subfactors</th>
<th>Item numbers</th>
<th>Behavior examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal related bullying</td>
<td>2, 4, 5, 6, 7, 10, 11, 12, 13, 15, 17, 20</td>
<td>Spreading gossip and rumors about you.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Repeated reminders of your errors or mistakes.</td>
</tr>
<tr>
<td>Work related Bullying</td>
<td>1, 3, 14, 16, 18, 19</td>
<td>Someone withholding information which affects your performance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Having your opinions and views ignored.</td>
</tr>
<tr>
<td>Physical bullying</td>
<td>8, 9, 22</td>
<td>Threats of violence or physical abuse or actual abuse.</td>
</tr>
</tbody>
</table>

The respondents were instructed that the behaviors described in the items are often seen as examples of negative workplace behaviors. The respondents were then asked how often they had been subjected to certain negative acts in the last 6 months. Respondents were instructed to indicate the frequency of the behavior that best described their experience over the last 6 months.

Following the negative act inventory, perceptions of being bullied at work were measured by providing the participants with a definition of bullying at the end of the survey to measure self-labeling of victimization from bullying. Question 23 asked the respondents if they had ever experienced bullying according to the definition. The participants who identified that they have been bullied at work over the last 6 months were asked to respond to a follow-up question measuring frequency of bullying.
Participants responded to a Likert-type scale measuring frequency of bullying that ranged from 1 (No) to 5 (Yes, almost daily).

In addition to the 18 demographic questions and NAQ-R (23 questions), participants were asked questions regarding their intent to stay. An additional 4 questions measured participants’ intent to stay in their current academic position, their intent to stay in academe, and if bullying behaviors affected those decisions.

Validity and reliability

The NAQ-R, used in over 60 studies all over the world with nearly 40,000 respondents (Bergen Bullying Research Group, 2014), has a high internal stability of .90 as measured by Cronbach’s alpha (Einarsen et al., 2009). Simons (2008) study of bullying of registered nurses found that the NAQ-R scale demonstrated reliability with a Cronbach alpha of .88. The NAQ-R is a valid instrument for the measurement of workplace bullying (Einarsen et al., 2009). Einarsen et al. (2009) investigated the psychometric properties, factor structure, and validity of the NAQ-R. Criterion validity was explored showing high correlations with NAQ-R and scores on the three factors (Einarsen, Helge, & Notekaers, 2009).

Content validity

The demographic tool and NAQ-R with the modification was sent via email to six colleagues not related to the study. The colleagues were asked to review the demographic tool and NAQ-R for readability and time commitment and to email their comments back to the researcher. The researcher received feedback from the six colleagues regarding time commitment and readability. The feedback contained estimates of individual time commitment as well as editorial and grammatical comments. The feedback regarding time commitment was evaluated and it was determined that it took 10 minutes or less to
complete the tool. The editorial and grammatical feedback was evaluated and incorporated into the data collection tools by revising the survey’s length and readability.

Telephone Interviews

Semistructured telephone interviews of nurse educators were conducted. Nurse educators were reminded of their confidentiality to encourage them to speak freely about their experience with bullying by peers through a series of open-ended questions. This process allowed the researcher to focus on listening to the participants. The interview questions were open-ended and broad in order to allow the researcher to focus on listening to the participants (Appendix B). Follow-up questions or probes were asked to produce more detail, clarify understanding, or clear up any inconsistencies.

Methodological rigor.

Validity and reliability do not have the same meaning in qualitative research as it does in quantitative research (Creswell, 2009); however, methodological rigor in qualitative research is demonstrated through the attention and confirmation of information discovery (Speziale & Carpenter, 2003). Lincoln and Guba (1985) believed that one way to establish methodological rigor is with the trustworthiness criteria of credibility, transferability, dependability, and confirmability. Guba and Lincoln stated that these criteria for judging goodness, quality, or adequacy of an inquiry are called parallel or foundational criteria because they are intended to parallel the rigor criteria that have been used within the conventional research paradigm of internal validity, external validity, reliability, and objectivity. The qualitative criteria as identified by Lincoln and Guba (1985) and Guba and Lincoln (1989) will be used in this study to establish the rigor or trustworthiness of the research.
Credibility.

The credibility criterion is considered equivalent to the conventional term internal validity. Credibility of qualitative research depends on the ability and effort of the researcher (Golafshani, 2003). This study will use prolonged engagement and peer debriefing as described by Lincoln and Guba (1985) to increase the probability that credible findings will be produced.

Prolonged engagement with the subject matter will occur in order to become oriented to the issues surrounding bullying behaviors (Streubert-Speziale & Carpenter, 2007). Prolonged engagement included building trust with the participants, learning the culture, and checking for misinformation that may present itself from distortions introduced by the researcher or informant. The researcher will also invest sufficient time during each interview to build trust with the informants (Lincoln & Guba, 1985). This was accomplished by reiterating the confidentiality process.

Peer debriefing.

The second method used to establish credibility was peer debriefing. A member of the committee was used to review and ask questions about the methods, meanings, and interpretations of the study. Peer debriefing provided an external check of the research process and added to the credibility of the study (Lincoln & Guba, 1985).

Transferability.

The transferability criterion, the second means devised by Lincoln and Guba (1985) to establish trustworthiness is considered parallel to external validity or generalizability. This study was designed to provide rich, thick descriptions, as described by Lincoln and Guba, to enable readers to make decide if the study’s information could
be transferred to other settings and to determine if the findings could be transferred because of similar characteristics.

**Dependability/confirmability.**

The dependability criterion is considered parallel to reliability, as is the confirmability criterion parallel to objectivity. To address dependability, the research process was reported in detail; thereby, enabling future researchers to repeat the study (Shenton, 2004). To assist with this step, the researcher followed Yin’s (2003) recommendation to document as many steps as possible and keep residual records consisting of audiotapes, interview transcripts, interview guides, list of interviewees, list of categories used while analyzing the data, and notes about the research process. The researcher also transcribed all interviews, checked the transcripts for accuracy and completeness, and reviewed and coded each transcript in the same manner (Gibbs, 2007).

The researcher demonstrated the neutrality of the research interpretations through a confirmability audit that included documenting the procedures for checking and rechecking the data throughout the study. This will allow any observer to trace the course of the research step-by-step via the decisions made and procedures described (Lincoln & Guba, 1985; Shenton, 2004). Confirmability was established by the inquiry auditors examining the products of the research, including the data, findings, interpretations, and recommendations to determine the acceptability of the records.

An audit examined the process and determined dependability as well as examined the product and established confirmability; therefore, the third and fourth means to establish trustworthiness (dependability and confirmability) were established simultaneously with a single audit (Lincoln & Guba, 1985). Members of the researcher’s
committee served as auditors of the inquiry process and examined the various stages of the study and analysis (Lincoln & Guba, 1985).

Subjectivity Statement

The researcher has been an academic nursing faculty member for 15 years, and a nurse for 22 years. She has been in two different academic positions varying from high demand to a normal workload. The researcher is currently a nursing faculty member who has both experienced and witnessed bullying behaviors and identified this history as a source of potential bias.

All of the steps used during data analysis were performed within the attitude of the phenomenological reduction. Part of the reductive process, begun before the study was initiated, required that the researcher bracket, or put aside, any perceived thoughts regarding the phenomenon, in this case bullying amongst nursing faculty (Giorgi, 1985). Prior to interviewing any participants, the researcher posed the research questions to herself to suspend and uncover presuppositions, beliefs, and biases about bullying behaviors among nursing faculty.

Assumptions and Biases

Some of the assumptions are related to nursing and others are from the lived experiences of the researcher. Identifying the researcher’s assumptions and biases continued throughout the research process. The researcher identified several assumptions through reflective memoing and discussion with colleagues:

1. Bullying behaviors occur within nursing academe.
2. Bullying behaviors have a negative impact on nursing faculty retention and attrition.
3. The people who volunteer to participate in the study have had a negative experience with bullying in nursing academe.

Bracketing these assumptions enabled the researcher to hear what the participants were saying, rather than what the researcher expected to hear (Giorgi, 1985).

**Data Collection Procedures**

For this mixed method study, the researcher followed a rigorous procedural strategy, in accordance with that recommended by Creswell and Plano-Clark (2011). The procedural strategy incorporated the elements of concurrent data collection of the quantitative and qualitative data strands, separate analysis of the data, and merging of the two data strands. This section incorporates an overview of the data collection procedures as well as the procedural steps followed.

Following approval from the Mercer University Institutional Review Board (Appendix D), an initial email containing a request for participation in the study and consent cover letter with an online survey link was sent to nurse educators who were members of NRSINGED list serve. Participants were encouraged to forward the email and consent letter with the survey link to other nurse educators to increase the number of participants by including other nurse educators who may have been otherwise difficult to locate.

The email contained a cover letter introducing the researcher, describing the study, requesting nursing faculty to participate in the research study, and requesting recipients to forward the email with survey attachment to other nurse educators who may not belong to the list serve. Participants were advised that clicking on the link to the survey enrolled them in the study and directed them to the informed consent form. Participants were advised that at the conclusion of the study they would be given an
opportunity to participate in the qualitative interview portion by clicking on the link at the end of the survey.

The informed consent form described the purpose of the research, procedure, potential risks, confidentiality, and data storage procedures, participation and withdraw from study, and study contact information. The participants were notified that the research would be written as part of the researcher’s doctoral studies, results of the study may be used to prepare future scholarly papers and presentations, and identification of the participants will remain anonymous. Participants had an opportunity to ask questions by contacting the researcher using contact information provided in the consent letter.

Participants were informed that participation was voluntary and that they could withdraw from the study at any time. Although there was no anticipated harm or injury because of participating in this study, discussing past negative workplace experiences could cause some feelings of discomfort. If at any time during the interview a participant became unduly upset, the interview was stopped. Additionally, if necessary, the participants were encouraged to seek professional assistance. After reading the consent letter, participants were advised that clicking on the link indicated that they had read the informed consent and agreed to participate in the research.

The participants completed a two-part questionnaire. The data were collected with the use of an online survey. The survey used advanced skip logic that allowed the participant to skip questions and still complete the questionnaire. The questionnaire took less than 10 minutes to complete. A second email was sent 2 weeks after the first to thank the participants who had already responded and request all others to participate if they had not already done so.
At the end of the questionnaire, participants who had experienced bullying within nursing academe among colleagues were asked if they would like to participate in the qualitative portion of the study. Those participants who were interested in being a participant in the interview portion of the study were directed to follow the link to a separate data collection site. The participants were asked to leave their contact information, including day and evening telephone numbers and email address to self-identify themselves as participants who had experienced bullying within nursing academe and would be interested in being a participant in the interview portion of the study. Participants were informed that if they left their contact information they were agreeing to participate.

Participants who agreed to the interview portion of the study were notified using self-identified contact information. Data were collected by phone at an agreed upon time. The interview took approximately 1 hour. Prior to beginning each interview, the researcher reviewed the purpose of the study, the procedures in place to protect the participants’ confidentiality, the audio recording procedures, note taking, journaling, and gave the participant an opportunity to ask questions. Each participant was then asked to verbally consent to the taped interview.

The interview was taped using two audio tape recorders. The researcher used a semi-structured interview script (Appendix B) to guide the interview. Note taking took place to record participant’s verbal behaviors. At the start of the interview the researcher worked to build rapport. The interview began with the collection of basic demographic questions. When trust had been established, the researcher began to follow the interview guide (Appendix G). Follow up questions (probes) were asked to produce more details, clarify understanding, and clear up inconsistencies.
The interview data were transcribed by an experienced transcriptionist who signed a contract including a confidentiality agreement. Each audiotape was listened to by the researcher to verify the completeness and accuracy of the typed transcripts. The data were analyzed using the steps outlined by Giorgi (1985) and Giorgi and Giorgi (2004).

**Data Analysis**

After collection of each of the individual QUAN + QUAL data, the data were organized and prepared for analysis. Table 2 contains a description of the data analysis by question.

**Table 2**

*Data Analysis by Question*

<table>
<thead>
<tr>
<th>Research questions</th>
<th>Data source</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To what extent do nursing faculty report being bullied at work?</td>
<td>Online survey entries to quantitative questions</td>
<td>Descriptive statistics</td>
</tr>
<tr>
<td>2. What types and frequencies of bullying behaviors are reported among nursing faculty?</td>
<td>Online survey entries to quantitative questions</td>
<td>Descriptive statistics</td>
</tr>
<tr>
<td>3. Is nursing faculty’s intent to stay in their current position and academe affected by bullying behaviors?</td>
<td>Online survey entries to quantitative questions</td>
<td>Nonparametric, inferential statistics</td>
</tr>
<tr>
<td>4. What are the lived experiences of nursing faculty who have been exposed to bullying behaviors?</td>
<td>Telephone interviews</td>
<td>Giorgi’s method of phenomenology</td>
</tr>
</tbody>
</table>

The quantitative data were analyzed using descriptive statistics to determine the results for research questions 1 and 2, and nonparametric statistics was conducted to
answer research question 3. Descriptive statistics in the form of means, standard deviations and percentages were used to summarize participant demographics. Descriptive statistics were also used to determine the frequencies of bullying behaviors that nurse educators experienced. Nonparametric tests were used to measure the intent to stay because data did not follow a normal distribution.

The qualitative data were analyzed using Giorgi’s method of phenomenology to determine the results for research question 4. An initial aspect of data analysis was phenomenological reduction (bracketing). The first part of reduction involved the researcher ensuring that the nature of the bullying experience was not prejudged by the researcher, so that full attention could be given to the participant’s phenomenon. Through bracketing the researcher attempted to reduce her own assumptions about bullying within nursing academe in order to keep an open mind during the research process and to be sure that prejudices did not enter into the initial descriptions and remain open to what the participants told her (Giorgi, 1985; Swanson-Kaufmann & Schonwald, 1988). To accomplish this, bracketing of personal past knowledge and all other theoretical knowledge about bullying through the use of reflexive journaling occurred before beginning data analysis and following each interview. Additionally, the researcher withheld past knowledge about negative work environments and bullying in order to be fully present to the concrete instance of bullying among nurse educators as presented by the informants’ descriptions.

The researcher followed Giorgi’s (1985) data analysis method:

1. Reads the entire description in order to get a general sense of the whole statement. The initial data analysis step using Giorgi’s analytical technique (1985) entailed the researcher conducting the interviews personally, to get a “sense of the whole”. Each
interview was then transcribed verbatim in preparation for data analysis. The transcripts were then validated by comparing the original interview recording with each transcript to verify accuracy. Additionally, the researcher read the transcripts several times to gain further familiarity with the words that had been spoken. Thus, as explained by Giorgi (1985), the researcher was cautious to focus on the description of the bullying phenomenon as presented by the participants and to get a sense of the whole before beginning to code, classify, or identify themes from the data. The object of the first reading was to gain a holistic appreciation of the entire description and served as grounds for the next step, not for the purpose of analysis.

2. Discrimination of Meaning Units within a Psychological Perspective.

After gaining a general understanding of the whole statement, the researcher returned to the beginning of the transcripts and read and re-read through the text once more to discern statements related to the bullying phenomenon. The transcripts were read carefully a number of times. Each time the transcripts were read the researcher identified areas of the interview which highlighted the participants’ experiences with bullying. These shifts in meaning (meaning units) were underlined and a note was made in the margins. This method was continued until all shifts of meaning were marked in the text. The meaning units were then transferred to a separate document (codebook), to help organize the data. The qualitative data were examined and initial categories were develop to help organize the data (Creswell & Plano-Clark, 2011).

3. Transformation of Subject’s Everyday Expressions into Psychological Language with Emphasis on the Phenomenon Being Investigated.

In the third step of analysis, meaning units were examined individually and as a whole. Each participant’s interview and all meaning units were analyzed using free
imaginative variation and asking, “What does this tell me about bullying by nursing faculty at work?” After repeatedly asking, “What does this tell me about bullying between nursing faculty at work,” the significant statements (meaning units) were regrouped according to their intertwining meanings and transformed (renamed) using nursing language with an emphasis on bullying. After this step was completed for all of the participants the researcher discovered many of the same transformed meaning units across all interviews. During this iterative process, all transformed meaning units from each interview were reviewed for their essentialness to the phenomenon of interest. The researcher regrouped and combined the transformed meaning units from all interviews. Synthesized statements were clarified after 12 participant interviews and complete saturation was achieved after 20 interviews. As a result 6 transformed meaning units (revelatory themes) were identified. The six themes provided an initial insight into the meaning of bullying by colleagues at work for the 20 participants of the study. The researcher was then able to consider each revelatory theme and illustrate using participants’ quotes.

Through the use of peer review and debriefing, the researcher analyzed the description with a nursing faculty experienced in qualitative research to help clarify the perspective of the nursing discipline in regards to bullying (Giorgi, 1997). The researcher also met with her nursing committee member and methodologist and discussed the codebook as well as how the meaning units related to the bullying phenomenon.

4. Synthesis of Transformed Meaning Units into a Consistent Statement of the Structure of Learning.

In the fourth step, all transformed meaning units were reviewed for their essentialness to the phenomenon of interest. When this was accomplished, a summative
descriptive statement that described the collective experience of participants, the essential structure of bullying experience was written. The researcher then summarized the findings to provide a more comprehensive understanding of bullying among nursing faculty.

Confidentiality

The participants’ privacy was protected throughout the research process. All volunteers who participated in the online quantitative portion of the study were required to read and acknowledge the consent form prior to their participation in the study. All of the data were collected by an online survey and were kept confidential on a password protected server.

Volunteers who participated in the telephone interview were assigned fictitious names and a 3-digit code. All material related to each participant were identified using the assigned name or code. The code was recorded on the consent forms, tapes, transcripts, and notes. No further identifying information was placed on the tapes or notes. The raw data collected from respondents in the informed consent, tapes, transcripts, and other miscellaneous data will be stored in a secure file cabinet for a period of 3 years with access restricted to the researcher. The raw data files will be shredded and disposed of at the end of 3 years.

A contract between the researcher and transcriptionist establishing confidentiality was arranged and signed by both parties. The contract stated that the transcriptionist held all work and work-related products in total and strict confidence (Appendix M). In addition, the digital data were only recognizable by an assigned code. Data were uploaded to a password protected drop box and the transcriptionist transcribed and
uploaded completed files back into the drop box. Files were deleted from the drop box and transcriptionist deleted all files.

Summary

Because of the limited research on the perceptions of nursing faculty on horizontal violence, this convergent mixed method study investigated the phenomenon of bullying behaviors among nursing faculty and the faculty’s intent to stay in academe following exposure to bullying. Approximately 1,500 members of the Nursing Educator Discussion list were asked to respond to a survey if they were currently employed as a faculty member in a school or college of nursing. Participants who agreed to complete the survey were then invited to volunteer in the qualitative interview if they had been exposed to bullying behaviors by a peer. Twenty interviews were collected from these volunteers.

The quantitative survey included demographics and the use of the NAQ-R, a two-page self-administered Likert-type questionnaire with constructs referring to work and personal related bullying as well as physically intimidating bullying. The qualitative portion used Giorgi’s phenomenological method of analysis with interview data. The NAQ-R is a validated and reliable measure. Lincoln and Guba’s (1985) criteria of credibility, transferability, and dependability/confirmability helped establish methodological rigor. The QUAN + QUAL research design, the procedures of gaining a sample for the quantitative and qualitative arms of the project, and the NAQ-R measure and interviews used for data collection are described in Chapter 3. This chapter provides an audit trail to enable the reader to understand the sampling procedures of sending the survey to approximately 1500 participants though one listserv and then inviting 20 participants for interviews. Chapter 4 describes the results of the data collected.
CHAPTER 4
RESULTS

The purpose of this study was to identify the extent nursing faculty experience bullying behaviors by peers and the types and frequency of bullying behaviors, to explore the lived experience of nursing faculty who have been exposed to bullying behaviors among peers, and to determine if bullying influences their intent to stay in nursing academe. The quantitative findings will be presented by research question. The qualitative findings are presented next, followed by results of the mixed method analysis.

Quantitative Analysis

Approximately 1,500 nurse educators from a nursing list serve were invited to participate in the study. Three hundred participants responded to the online survey, resulting in a 20% response rate. Respondents were asked to report certain demographic characteristics such as age, gender, rank, credentials, geographical region, institutional size, and years of experience teaching and years at the institution. The data from all parts of the questionnaire were reviewed for missing data. Out of 300 participants, only 5 had missing data; consequently all data were included in the data analysis. As shown in Table 3, the average respondents were female (97%), aged 40–59 (68%), and White (93%). Table 4 contains information showing that almost third of the respondents taught at community colleges (31%) or public 4-year universities with graduate programs in nursing (28%). Another 24% of the participants reported working at private 4-year universities with graduate programs in nursing. Participants were from across the United States and Canada, with almost one third in the southeast (30%).
Table 3

Participants (N=300) Nurse Educator Characteristics: Gender, age categories, racial identity and ethnicity, and degree held

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
<td>2.7</td>
</tr>
<tr>
<td>Female</td>
<td>291</td>
<td>97.0</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 30</td>
<td>2</td>
<td>0.7</td>
</tr>
<tr>
<td>31–39</td>
<td>27</td>
<td>9.0</td>
</tr>
<tr>
<td>40–49</td>
<td>66</td>
<td>22.0</td>
</tr>
<tr>
<td>50–59</td>
<td>139</td>
<td>46.3</td>
</tr>
<tr>
<td>60–65</td>
<td>53</td>
<td>17.7</td>
</tr>
<tr>
<td>66–70</td>
<td>12</td>
<td>4.0</td>
</tr>
<tr>
<td>Over 70</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>Racial group (multiple responses possible)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>6</td>
<td>2.0</td>
</tr>
<tr>
<td>Black or African American</td>
<td>11</td>
<td>3.7</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>2</td>
<td>0.7</td>
</tr>
<tr>
<td>White</td>
<td>280</td>
<td>93.0</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Table 4 also contains information that shows that the respondents represented institutions from across the country. The majority (87.1%) reported working in smaller institutions with enrollment of less than 20,000 students while fewer than (12.3%) worked in institutions with enrollment over 20,000. Nearly all (79%) taught at either private 4-year or public 4-year universities, while approximately one-half (51.9%) worked in universities with graduate nursing programs.
### Characteristics of Participants’ *(N=300)* Nurse Educators’ Institutions by type, region, size, and nursing degree granted

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic institution where you teach the majority of time</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community college or 2-year degree institute</td>
<td>94</td>
<td>31.3</td>
</tr>
<tr>
<td>Public 4-year university (no graduate programs in nursing)</td>
<td>19</td>
<td>6.3</td>
</tr>
<tr>
<td>Public 4-year university (graduate programs in nursing)</td>
<td>84</td>
<td>28.0</td>
</tr>
<tr>
<td>Private 4-year university (no graduate programs in nursing)</td>
<td>27</td>
<td>9.0</td>
</tr>
<tr>
<td>Private 4-year university with graduate programs in nursing</td>
<td>71</td>
<td>23.7</td>
</tr>
<tr>
<td><strong>Region of institution where you teach the majority of time</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast (ME, VT, NY, NH, MA, RI, CT, Quebec, New Brunswick, Maritime)</td>
<td>31</td>
<td>10.3</td>
</tr>
<tr>
<td>Mid-Atlantic (PA, NJ, DE, MD, VA, DC)</td>
<td>39</td>
<td>13.0</td>
</tr>
<tr>
<td>Mid-South (WV, KY, TN, NC, SC)</td>
<td>10</td>
<td>3.3</td>
</tr>
<tr>
<td>Southeast (MS, AL, GA, FL, Caribbean)</td>
<td>90</td>
<td>30.0</td>
</tr>
<tr>
<td>Great Lakes (WI, IL, MI, IN, OH, Ontario)</td>
<td>47</td>
<td>15.7</td>
</tr>
<tr>
<td>North Central (NE, IA, SD, ND, MN, MT, Saskatchewan, Manitoba)</td>
<td>27</td>
<td>9.0</td>
</tr>
<tr>
<td>South Central (KS, MO, OK, AR, TX, LA)</td>
<td>14</td>
<td>4.7</td>
</tr>
<tr>
<td>Northwest (AK, WA, OR, ID, MT, British Columbia, Alberta)</td>
<td>13</td>
<td>4.3</td>
</tr>
<tr>
<td>Pacific (CA, NV, HI)</td>
<td>11</td>
<td>4.0</td>
</tr>
<tr>
<td>Rocky Mountain (AZ, CO, NM, UT, WY)</td>
<td>4</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Institutional size (number of students enrolled)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 2,500</td>
<td>92</td>
<td>30.7</td>
</tr>
<tr>
<td>2,500–4,999</td>
<td>68</td>
<td>22.7</td>
</tr>
<tr>
<td>5,000–9,999</td>
<td>59</td>
<td>19.7</td>
</tr>
<tr>
<td>10,000–19,999</td>
<td>42</td>
<td>14.0</td>
</tr>
<tr>
<td>20,000–29,999</td>
<td>19</td>
<td>6.3</td>
</tr>
<tr>
<td>30,000–39,999</td>
<td>12</td>
<td>4.7</td>
</tr>
<tr>
<td>40,000 or more</td>
<td>4</td>
<td>1.3</td>
</tr>
<tr>
<td>Missing</td>
<td>4</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Highest nursing degree granted by institution (multiple responses possible)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical (vocational) certificate</td>
<td>7</td>
<td>2.3</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>77</td>
<td>25.6</td>
</tr>
<tr>
<td>Bachelor’s</td>
<td>48</td>
<td>15.9</td>
</tr>
<tr>
<td>Master’s Degree/Specialist</td>
<td>64</td>
<td>21.3</td>
</tr>
<tr>
<td>PhD, EdD</td>
<td>92</td>
<td>30.6</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Academic institution affiliated with religious institution</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>68</td>
<td>22.7</td>
</tr>
</tbody>
</table>
The nurse educators’ professional experience is described in Table 5. The majority of the participants (63%) held master’s degrees, while only (15.7) held a PhD in nursing, doctorate in nursing, and nursing doctorate combined. The years in teaching reported by the participants were distributed evenly from 1 to more than 36 years. More than one in five participants (21.7%) indicated total years in teaching 5 or fewer years and (41.7%) of respondents reported teaching less than 10 years. While a total of (30.7%) had 20 or more years of experience teaching, only (15.7%) reported teaching in their current institution for more than 20 years.

The nurse educators’ current employment status is described in Table 6. Over 69.2% of them reported that they teach in technical or undergraduate programs. Another 19.1% reported teaching Master of nursing programs. Fewer than 10% teach in doctorate nursing programs. Eleven percent of the nurse educators are full professors, 27% are assistant professors, and 16% are associate professors. More than one quarter of them described themselves as instructors (26%). Almost all of the participants are employed fulltime (88%). However, only 22% of the participants are tenured faculty.
Table 5

Participant (N=300) Nurse Educators’ Professional Experience: highest degree held, total years teaching, and total years at institution

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Highest degree held</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelors</td>
<td>9</td>
<td>3.0</td>
</tr>
<tr>
<td>Masters</td>
<td>189</td>
<td>63.0</td>
</tr>
<tr>
<td>PhD Nursing</td>
<td>30</td>
<td>10.0</td>
</tr>
<tr>
<td>PhD Education</td>
<td>12</td>
<td>4.0</td>
</tr>
<tr>
<td>Doctorate of Nursing Practice</td>
<td>10</td>
<td>3.0</td>
</tr>
<tr>
<td>Nursing Doctorate</td>
<td>8</td>
<td>2.7</td>
</tr>
<tr>
<td>Doctorate other than Nursing</td>
<td>24</td>
<td>8.0</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>5.7</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Total years in teaching</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year</td>
<td>9</td>
<td>3.0</td>
</tr>
<tr>
<td>2–3 years</td>
<td>27</td>
<td>9.0</td>
</tr>
<tr>
<td>4–5 years</td>
<td>29</td>
<td>9.7</td>
</tr>
<tr>
<td>6–9 years</td>
<td>60</td>
<td>20.0</td>
</tr>
<tr>
<td>10–14 years</td>
<td>48</td>
<td>16.0</td>
</tr>
<tr>
<td>15–19 years</td>
<td>33</td>
<td>11.0</td>
</tr>
<tr>
<td>20–25 years</td>
<td>48</td>
<td>16.0</td>
</tr>
<tr>
<td>26–29 years</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>30–35 years</td>
<td>32</td>
<td>10.7</td>
</tr>
<tr>
<td>More than 36 years</td>
<td>12</td>
<td>4.0</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Total years at institution</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year</td>
<td>24</td>
<td>8.0</td>
</tr>
<tr>
<td>2–3 years</td>
<td>44</td>
<td>14.7</td>
</tr>
<tr>
<td>4–5 years</td>
<td>57</td>
<td>19.0</td>
</tr>
<tr>
<td>6–9 years</td>
<td>54</td>
<td>18.0</td>
</tr>
<tr>
<td>10–14 years</td>
<td>44</td>
<td>14.7</td>
</tr>
<tr>
<td>15–19 years</td>
<td>30</td>
<td>10.0</td>
</tr>
<tr>
<td>20–25 years</td>
<td>29</td>
<td>9.7</td>
</tr>
<tr>
<td>26–29 years</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>30–35 years</td>
<td>10</td>
<td>3.0</td>
</tr>
<tr>
<td>More than 36 years</td>
<td>3</td>
<td>3.0</td>
</tr>
<tr>
<td>Missing</td>
<td>5</td>
<td>1.7</td>
</tr>
</tbody>
</table>
Table 6
Participant (N=300) Nurse Educators’ Current Employment Status: teaching program in, rank held, and employment level and tenure status

<table>
<thead>
<tr>
<th>Status</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program teach in (multiple responses possible; (n=434)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical (Vocational)</td>
<td>24</td>
<td>5.5</td>
</tr>
<tr>
<td>Undergraduate AND</td>
<td>90</td>
<td>20.7</td>
</tr>
<tr>
<td>Undergraduate BSN</td>
<td>165</td>
<td>38.0</td>
</tr>
<tr>
<td>Undergraduate BS</td>
<td>22</td>
<td>5.0</td>
</tr>
<tr>
<td>Master of Science</td>
<td>30</td>
<td>6.9</td>
</tr>
<tr>
<td>Masters of Nursing</td>
<td>53</td>
<td>12.2</td>
</tr>
<tr>
<td>Doctorate</td>
<td>24</td>
<td>5.5</td>
</tr>
<tr>
<td>Other</td>
<td>26</td>
<td>5.9</td>
</tr>
<tr>
<td>Rank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full professor</td>
<td>33</td>
<td>11.0</td>
</tr>
<tr>
<td>Clinical professor</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>Associate professor</td>
<td>47</td>
<td>15.7</td>
</tr>
<tr>
<td>Associate clinical professor</td>
<td>5</td>
<td>1.7</td>
</tr>
<tr>
<td>Assistant professor</td>
<td>80</td>
<td>26.7</td>
</tr>
<tr>
<td>Assistant clinical professor</td>
<td>7</td>
<td>2.3</td>
</tr>
<tr>
<td>Instructor</td>
<td>77</td>
<td>25.7</td>
</tr>
<tr>
<td>Clinical instructor</td>
<td>8</td>
<td>2.7</td>
</tr>
<tr>
<td>Lecturer</td>
<td>8</td>
<td>2.7</td>
</tr>
<tr>
<td>Adjunct clinical instructor</td>
<td>8</td>
<td>2.7</td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
<td>8.0</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>0.7</td>
</tr>
<tr>
<td>Employment Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td>263</td>
<td>87.7</td>
</tr>
<tr>
<td>Part-time</td>
<td>19</td>
<td>6.3</td>
</tr>
<tr>
<td>Adjunct</td>
<td>15</td>
<td>5.0</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>1.0</td>
</tr>
<tr>
<td>Tenure Status-Tenured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>67</td>
<td>22.3</td>
</tr>
<tr>
<td>Tenure Track</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>58</td>
<td>19.3</td>
</tr>
</tbody>
</table>
Prior to addressing the quantitative research questions, scores for the total and subscales of the NAQ-R were calculated. The total score for the NAQ-R was obtained by summing the responses to all 22 items together. Subscales scores were created for work bullying, personal bullying, and physical bullying by summing the total amount of possible responses to those items related to each subscale. Cronbach alpha were calculated for the total score and subscales. Table 7 contains measures of central tendency and reliability values for the total and each subscale of the NAQ-R instrument. Cronbach alpha coefficients were good to excellent for the total scale and the work bullying and personal bullying subscales (ranging from .86 to .95). However, the physical bullying subscale was 0.68. This subscale had only three items, which may have lowered the reliability.

### Table 7

**Reliability, Mean, Standard Deviation, Median, Range and Cronbach’s Alpha of Participants’ (N=300) bullying subscales on the NAQ-R**

<table>
<thead>
<tr>
<th>NAQ-R</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>Median</th>
<th>Possible range</th>
<th>Observed Range</th>
<th>Cronbach’s Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Scale Score</td>
<td>260</td>
<td>36.30</td>
<td>14.19</td>
<td>32</td>
<td>22–110</td>
<td>22–105</td>
<td>.95</td>
</tr>
<tr>
<td>Bullying subscales</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td>279</td>
<td>13.35</td>
<td>5.66</td>
<td>12</td>
<td>7–35</td>
<td>7–34</td>
<td>.86</td>
</tr>
<tr>
<td>Personal</td>
<td>275</td>
<td>18.97</td>
<td>8.01</td>
<td>16</td>
<td>12–60</td>
<td>12–57</td>
<td>.93</td>
</tr>
<tr>
<td>Physical</td>
<td>295</td>
<td>3.95</td>
<td>1.60</td>
<td>3</td>
<td>3–15</td>
<td>3–15</td>
<td>.68</td>
</tr>
</tbody>
</table>

Research Question 1

Descriptive statistics were used to describe the extent nursing faculty report being bullied at work by peers. Table 7 contains the means and standard deviations for each of the bullying subscales. Finding indicated that overall bullying behaviors were low with
an average of 36 with a possible range of 22 to 110 and a (SD = 14.2). Work place bullying had a mean of 13.35 (SD = 5.66) with a possible range of 7 to 35. Personal bullying had the greatest extent of bullying with a mean of 18.97 (SD = 8.01) with a possible range of 12 to 60. Physical bullying was the least reported type of bullying with a mean of 3.9 (SD = 1.6) with a possible range of 3 to 15.

Research Question 2

Descriptive statistics were used to describe the types and frequencies of bullying behaviors among nursing faculty members. Table 8 contains the nurse educators’ responses to how frequently they have experienced work bullying behaviors.

Table 8

Nurse Educators’ (N=300) Reported Frequency of Work Bullying Behaviors in Each Behavior Category

<table>
<thead>
<tr>
<th>Work bullying behaviors</th>
<th>Percentage of Frequency of Bullying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone withholding information which affects your performance</td>
<td>24.1 42.8 14.7 15.1 3.3</td>
</tr>
<tr>
<td>Being ordered to do work below your level of competence</td>
<td>50.3 29.3 9.3 7.0 4.0</td>
</tr>
<tr>
<td>Having your opinions and views ignored</td>
<td>30.7 39.9 14.5 9.1 5.7</td>
</tr>
<tr>
<td>Being given tasks with unreasonable or impossible targets or deadlines</td>
<td>55.4 27.9 9.9 4.8 3.0</td>
</tr>
<tr>
<td>Excessive monitoring of your work</td>
<td>62.6 20.4 6.4 7.5 3.1</td>
</tr>
<tr>
<td>Pressure not to claim something which by right you are entitled to (e.g., sick leave, holiday entitlement, travel expenses)</td>
<td>81.1 9.4 3.7 3.4 2.4</td>
</tr>
<tr>
<td>Being exposed to an unmanageable workload</td>
<td>40.5 31.0 13.3 7.1 8.5</td>
</tr>
</tbody>
</table>
Participants reported that they experienced at some time (now and then, monthly, weekly, or daily) the withholding of information which affected their performance (75.9%), having opinions and views ignored (70%), being exposed to an unmanageable workload (59.5%). However, fewer than 20% of nurse educators reported that they had experienced pressure not to claim something to which they were entitled, such as sick leave or vacation time.

Table 9 contains the nurse educators’ responses to how frequently they have experienced personal bullying behaviors. (60%) of nursing educators reported being ignored, excluded or isolated from others, and (57%) reported being the target of gossip and rumors now and then, monthly, weekly or daily. Although reports of physical bullying (Table 10) were lower than other types of bullying, 36% of the participants reported having been shouted at or having been the target of spontaneous anger.
Table 9

*Nurse Educators*’ (N=300) Responses to Items on the Personal Bullying Behaviors Subscale

<table>
<thead>
<tr>
<th>Personal bullying behaviors</th>
<th>Percentage of responses in each category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being humiliated or ridiculed in connection with your work</td>
<td>53.8 26.1 11.4 7.0 1.7</td>
</tr>
<tr>
<td>Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks</td>
<td>60.2 25.1 7.0 5.4 2.3</td>
</tr>
<tr>
<td>Spreading of gossip and rumors about you</td>
<td>42.7 37.7 9.7 7.7 2.3</td>
</tr>
<tr>
<td>Being ignored, excluded or being isolated from others</td>
<td>40.5 31.4 13.5 8.8 5.7</td>
</tr>
<tr>
<td>Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life</td>
<td>61.9 25.5 2.4 4.8 0.7</td>
</tr>
<tr>
<td>Hints or signals from others that you should quit your job</td>
<td>75.2 15.4 4.0 4.4 1.0</td>
</tr>
<tr>
<td>Repeated reminders of your errors or mistakes</td>
<td>63.2 24.0 8.1 3.4 1.4</td>
</tr>
<tr>
<td>Being ignored or facing a hostile reaction when you approach</td>
<td>59.7 23.8 7.0 5.4 4.0</td>
</tr>
<tr>
<td>Persistent criticism of your work and effort</td>
<td>64.8 22.1 7.4 4.4 1.3</td>
</tr>
<tr>
<td>Practical jokes carried out by people you don’t get on with</td>
<td>94.6 4.0 .07 .07 0.0</td>
</tr>
<tr>
<td>Having allegations made against you</td>
<td>69.0 21.5 6.4 2.0 1.0</td>
</tr>
<tr>
<td>Being the subject of excessive teasing and sarcasm</td>
<td>88.4 6.1 4.1 1.0 0.3</td>
</tr>
</tbody>
</table>

The percentage of nurse educators who experienced bullying behavior *daily* was examined across Tables 8, 9, and 10. Under workplace bullying, 8.5% reported being *daily* exposed to unmanageable workloads, 5.7% reported having opinions or views ignored daily, and 3.3% reported that every day someone withheld information that affected their performance. Under personal bullying, almost six percent (5.7) of
participants reported being ignored, excluded, or isolated daily, 4% reported being ignored or receiving a hostile reaction upon approach, 2.3% had key areas of responsibility removed, and 2.3% reported being daily targets of gossip or rumors.

Physical bullying was experienced rarely on a daily basis; only one participant indicated having experienced daily threats of violence or physical abuse, one person reported experiencing intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/barring the way, and 2 people reported being shouted at or being the target of spontaneous anger (or rage) on a daily basis.

Table 10

*Nurse Educators’ (N= 300) Responses to Items on the Physical Bullying Behaviors Subscale*

<table>
<thead>
<tr>
<th>Physical bullying behaviors</th>
<th>Percentage of responses in each category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
</tr>
<tr>
<td>Being shouted at or being the target of spontaneous anger (or rage)</td>
<td>63.5</td>
</tr>
<tr>
<td>Intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/barring the way</td>
<td>76.9</td>
</tr>
<tr>
<td>Threats of violence or physical abuse or actual abuse</td>
<td>95.6</td>
</tr>
</tbody>
</table>

Research Question 3

The survey respondents were asked if they intended to stay in their current position and if they intended to stay in nursing academe. In addition, they were asked if these decisions were affected by bullying behaviors. Because the bullying questionnaire total and subscale scores were not normally distributed, the Mann-Whitney U analysis was used to determine differences in NAQ-R scores. Table 11 contains an analysis of the
NAQ-R scores by whether the participants intended to stay \((n = 237)\) in their current position or not to stay \((n = 61)\) in their current position. Results indicated that those who indicated their intent to *not* stay in their current position reported significantly greater bullying behaviors for the total NAQ-R, work bullying, personal bullying, and physical bullying subscales.

Table 11

*Differences in NAQ Scores by Intent to Stay or Not To Stay in Current Position \((n = 298)\)*

<table>
<thead>
<tr>
<th>NAQ-R</th>
<th>Intent to stay in current position</th>
<th>(Z)</th>
<th>(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes ((n = 237))</td>
<td>No ((n = 61))</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>112.6</td>
<td>189.0</td>
<td>-6.83</td>
</tr>
<tr>
<td>Bullying subscale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td>123.0</td>
<td>196.7</td>
<td>-6.32</td>
</tr>
<tr>
<td>Personal</td>
<td>120.7</td>
<td>197.3</td>
<td>-6.59</td>
</tr>
<tr>
<td>Physical</td>
<td>134.4</td>
<td>194.9</td>
<td>-5.60</td>
</tr>
</tbody>
</table>

Significant at the level of \(p < .001\)

While Table 11 focused on nursing faculty intent to stay in their current positions, Table 12 contains the analysis of the differences in NAQ-R scores by whether the respondents indicated their intent to stay in nursing academe \((n = 251)\) or their intent to *not* stay \((n = 49)\) in nursing academe. Results indicated that those who indicated their intent to not stay in academe reported significantly greater bullying behaviors for the total NAQ-R, work bullying, personal bullying, and physical bullying subscales.
Table 12

*Differences in NAQ Scores by Intent to Stay or Not to Stay in Nursing Academe (n = 300)*

<table>
<thead>
<tr>
<th>NAQ-R</th>
<th>Intent to stay in academe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (&lt;i&gt;n = 251&lt;/i&gt;)</td>
</tr>
<tr>
<td>Total</td>
<td>119.77</td>
</tr>
<tr>
<td>Bullying subscale</td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td>128.66</td>
</tr>
<tr>
<td>Personal</td>
<td>127.53</td>
</tr>
<tr>
<td>Physical</td>
<td>140.02</td>
</tr>
</tbody>
</table>

Significant at the level of p < .001

Qualitative Analysis

Using Giorgi’s (2011) phenomenological approach, the researcher was able to explore, analyze, and express a coherent and cohesive description (*being-in-the-world*) of the bullying phenomenon among nursing faculty from the perspective of the study participants. Interviewees were recruited from the original 300 respondents who completed the online survey. Sixty nurse educators indicated an interest in participating in a telephone interview by leaving their contact information on the survey and agreeing to be contacted to set up a telephone interview. In preparation for conduction the interviews, 40 perspective participants were eliminated due to incorrect email addresses, phone numbers, or the participants changing their mind about being a part of the interview phase of the study, which left 20 participants willing to be interviewed. All of the individuals agreeing to participate were female. Initially, five interviews were conducted. Data analysis occurred concurrently with the phone interviews. Data saturation occurred at 20 interviews.
Participants were contacted using the email/telephone numbers they provided on the quantitative survey. After making contact with the participants via email a time was arranged by email for the researcher to call the initial 5 participants to conduct the telephone interview. Additional interview participants were added by groups of 5 at a time until the researcher believed that no new information could be gathered from any more interviews.

The researcher used the interview guide (Appendix B) during all interviews. Based on participant responses to the questions, the researcher sought detailed responses by using probe statements and questions. The length of the interviews ranged from 16 minutes to 1 hour 28 minutes. The average interview lasted approximately 46 minutes.

As illustrated in Table 13, all of the interviewees were female, and 90% were White. Six (30%) were under the age of 40, 20% between 40 and 49, 35% between 50 and 59, and 14% were 60 or older. Their years of experience teaching nursing courses ranged from 1 to more than 36. Seven (35%) had 10 years or less teaching experience, 30% between 11 and 20, and 35% reported 20 or more years of experience. Seventy percent of the interviewees reported holding masters or bachelor’s degrees, while the remaining 30% held doctorates.

All regions of the United States were represented in the group of 20 interviewees. Fifty-five percent were employed at a public institution. Seventy percent of the nursing faculty were employed in 4-year institutions with (55%) teaching in graduate programs. Only 20% of the faculty held positions in institutions with enrollments greater than 10,000, while 40% were employed by institutions with enrollments less than 2,500. Forty percent of the interviewees reported holding professorships, with only (15%) holding a full professor title. Forty-five percent of interviewees report a non- ranked position, 20%
were lecturers or instructors, and 15% reported being members of the staff or faculty. The remaining interviewees (15%) reported holding an adjunct clinical faculty position.

The descriptive information about the participants is included in Table 13. Only one participant identified as African American, one identified as other and all other 18 were white, non-Hispanic. Only six of the participants held terminal degrees and years of teaching ranged from 1 year to over 36 years.
Table 13

Description of Interview Participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Racial group</th>
<th>Highest degree held</th>
<th>Years in teaching</th>
<th>Region</th>
<th>Academic institution</th>
<th>Size of institution</th>
<th>Highest degree institution grants</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30–31</td>
<td>White</td>
<td>Masters</td>
<td>1</td>
<td>Southeast</td>
<td>Community College or 2-year degree institution</td>
<td>5,000–9,999</td>
<td>Associate degree</td>
<td>Instructor</td>
</tr>
<tr>
<td>2</td>
<td>50–59</td>
<td>White</td>
<td>Masters</td>
<td>20–25</td>
<td>Rocky Mountains</td>
<td>Community College or 2-year degree institution</td>
<td>5000–9,999</td>
<td>Masters</td>
<td>Instructor</td>
</tr>
<tr>
<td>3</td>
<td>40–49</td>
<td>White</td>
<td>Masters</td>
<td>10–14</td>
<td>North Central</td>
<td>Private 4-year university (no graduate programs in nursing)</td>
<td>Less than 2,500</td>
<td>Bachelors</td>
<td>Associate professor</td>
</tr>
<tr>
<td>4</td>
<td>50–59</td>
<td>Other</td>
<td>DNP</td>
<td>1</td>
<td>Pacific</td>
<td>Private 4-year university with graduate programs in nursing</td>
<td>Less than 2,500</td>
<td>PhD</td>
<td>Instructor</td>
</tr>
<tr>
<td>5</td>
<td>50–59</td>
<td>White</td>
<td>Masters</td>
<td>15–19</td>
<td>Northeast</td>
<td>Public 4-year with graduate programs in nursing</td>
<td>20,001–29,999</td>
<td>PhD</td>
<td>Adjunct clinical faculty</td>
</tr>
<tr>
<td>6</td>
<td>50–59</td>
<td>African American</td>
<td>EdD</td>
<td>30–35</td>
<td>Southeast</td>
<td>Public 4-year university (no graduate programs in nursing)</td>
<td>5,000–9,999</td>
<td>Bachelors</td>
<td>Full professor</td>
</tr>
<tr>
<td>7</td>
<td>31–39</td>
<td>White</td>
<td>Masters</td>
<td>6–9</td>
<td>North Central</td>
<td>Private 4-year university with graduate programs in nursing</td>
<td>Less than 2,500</td>
<td>Masters</td>
<td>Assistant professor</td>
</tr>
<tr>
<td>8</td>
<td>31–39</td>
<td>White</td>
<td>Masters</td>
<td>10–14</td>
<td>Mid Atlantic</td>
<td>Private 4-year university (no graduate programs in nursing)</td>
<td>Less than 2,500</td>
<td>Bachelors</td>
<td>Assistant professor</td>
</tr>
<tr>
<td>9</td>
<td>60–65</td>
<td>White</td>
<td>EdD</td>
<td>30–35</td>
<td>Great Lakes</td>
<td>Public 4-year university with graduate programs in nursing</td>
<td>10,001–19,999</td>
<td>PhD</td>
<td>Full professor</td>
</tr>
<tr>
<td>10</td>
<td>31–39</td>
<td>White</td>
<td>Masters</td>
<td>4–5</td>
<td>Great Lakes</td>
<td>Private 4-year university (no graduate programs in nursing)</td>
<td>Unknown</td>
<td>Bachelors</td>
<td>Faculty</td>
</tr>
<tr>
<td>11</td>
<td>50–59</td>
<td>White</td>
<td>PhD Health Education</td>
<td>20–25</td>
<td>North Central</td>
<td>Private 4-year university with graduate programs in nursing</td>
<td>Less than 2,500</td>
<td>Masters</td>
<td>Associate professor</td>
</tr>
<tr>
<td>12</td>
<td>60–65</td>
<td>White</td>
<td>PhD Nursing</td>
<td>&gt; 36</td>
<td>Mid–South</td>
<td>Private 4-year university with graduate programs in nursing</td>
<td>5,000–9,999</td>
<td>Masters</td>
<td>Full professor</td>
</tr>
<tr>
<td>Participant</td>
<td>Age</td>
<td>Racial group</td>
<td>Highest degree held</td>
<td>Years in teaching</td>
<td>Region</td>
<td>Academic institution</td>
<td>Size of institution</td>
<td>Highest degree institution grants</td>
<td>Rank</td>
</tr>
<tr>
<td>-------------</td>
<td>-------</td>
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<td>---------------------</td>
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<td>---------------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>-----------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>13</td>
<td>40‒49</td>
<td>White</td>
<td>Bachelors</td>
<td>4‒5</td>
<td>Great Lakes</td>
<td>Public 4-year with graduate programs in nursing</td>
<td>&gt; 40,000</td>
<td>DNP</td>
<td>Staff</td>
</tr>
<tr>
<td>14</td>
<td>50‒59</td>
<td>White</td>
<td>Masters</td>
<td>6‒9</td>
<td>Northeast</td>
<td>Private 4-year with graduate programs in nursing</td>
<td>5,000‒9,999</td>
<td>PhD</td>
<td>Adjunct clinical faculty</td>
</tr>
<tr>
<td>15</td>
<td>50‒59</td>
<td>White</td>
<td>Masters</td>
<td>20‒25</td>
<td>Northeast</td>
<td>Private 4-year university with graduate programs in nursing</td>
<td>5,000‒9,999</td>
<td>Masters</td>
<td>Assistant professor</td>
</tr>
<tr>
<td>16</td>
<td>40‒49</td>
<td>White</td>
<td>Masters</td>
<td>15‒19</td>
<td>North Central</td>
<td>Community college</td>
<td>Less than 2,500</td>
<td>Associate</td>
<td>Instructor</td>
</tr>
<tr>
<td>17</td>
<td>&gt; 30</td>
<td>White</td>
<td>Bachelors</td>
<td>1</td>
<td>North Central</td>
<td>Technical college</td>
<td>Less than 2,500</td>
<td>Associate</td>
<td>Faculty</td>
</tr>
<tr>
<td>18</td>
<td>40‒49</td>
<td>White</td>
<td>DNP</td>
<td>15‒19</td>
<td>Northeast</td>
<td>Public 4-year university with graduate programs in nursing</td>
<td>10,001‒19,999</td>
<td>Masters</td>
<td>Adjunct clinical instructor</td>
</tr>
<tr>
<td>19</td>
<td>31‒39</td>
<td>White</td>
<td>Bachelors</td>
<td>10‒14</td>
<td>Northeast</td>
<td>Community college or 2-year degree institution</td>
<td>Less than 2,500</td>
<td>Associate</td>
<td>Lecturer</td>
</tr>
<tr>
<td>20</td>
<td>60‒65</td>
<td>White</td>
<td>Masters</td>
<td>&gt; 36</td>
<td>Northwest</td>
<td>Community college or 2-year degree institution</td>
<td>5,000‒9,999</td>
<td>Associate</td>
<td>Instructor</td>
</tr>
</tbody>
</table>
All of the telephone interviews were audio recorded. The audiotapes were sent to a professional transcriptionist who converted the recorded interviews to typed documents. The researcher compared all transcripts to the original tape recordings to ensure accuracy.

Research Question 4

The lived experience of nursing faculty who have been exposed to bullying behaviors among peers was addressed using the descriptive phenomenological method recommended by Giorgi (2003, 1985). Prior to analysis, the researcher assumed a phenomenological attitude and performed the phenomenological reduction (or bracketing) of presuppositions. This involved deliberately examining experiences and beliefs about bullying behaviors and temporarily setting them aside during the entire process to take a fresh look at the data and to prevent the researcher from making early judgments. This process helped identify assumptions and judgments regarding bullying among nursing faculty so it would be possible to focus with openness on the nature of the phenomenon.

Data analysis began after the interviews were transcribed and the text became the empirical evidence to be analyzed. In keeping with the descriptive phenomenological method, five steps were used for data analysis:

1. *Get a sense of the whole.* During this first step, the researcher read each transcript several times to gain familiarity with the words that were spoken. For the first several readings of the transcripts, there was no attempt at interpreting meaning from participants. The goal of these first readings was to understand the language of the participant and become familiar with the participants’ experiences.

2. *Discern meaning units in a nursing perspective and focused on the phenomenon being researched.* The second step was to determine the natural meaning units expressed by
the participants. Each of the transcripts were read carefully a number of times, identifying areas of the interview which highlight the participants’ experience with bullying. Every time the transcripts were reviewed the shifts in meaning (meaning units) were underlined as they appeared on the page. Each unit was then copied from the transcript and pasted onto a separate document used as a ‘codebook’. After the researcher accomplished this, it was possible to re-read with an attitude of “maximum openness” (Giorgi, 1975) and to identify key issues or meaning units.

3. Transform participants’ everyday expressions into nursing language with emphasis on the phenomenon being investigated. The next stage of the analysis involved looking at the meaning units for each interview with the help of free imaginative variation and asking. “What does this tell me about bullying between nursing faculty at work?” The process was carried out for all of the meaning units that had been identified. After repeatedly asking, “What does this tell me about bullying between nursing faculty at work,” the significant statements (meaning units) were regrouped according to their intertwining meanings and transformed (renamed) using nursing language with an emphasis on bullying. After this step was completed for all of the participants the researcher discovered many of the same transformed meaning units across all interviews. During this iterative process, all transformed meaning units from each interview were reviewed for their essentialness to the phenomenon of interest. The researcher regrouped and combined the transformed meaning units from all interviews. Synthesized statements were clarified after 12 participant interviews and complete saturation was achieved after 20 interviews. As a result 6 transformed meaning units (revelatory themes) were identified. The six themes provided an initial
insight into the meaning of bullying by colleagues at work for the 20 participants of the study. The researcher was then able to consider each revelatory theme and illustrate using participants’ quotes.

4. **Synthesize transformed meaning units into a consistent statement of the structure of learning.** In this stage, transformed meaning units were synthesized into summative descriptive statements. The researcher synthesized all of the statements regarding each participant’s experience with bullying. The researcher then expressed the participants’ collective experience with bullying among nursing faculty within a summative descriptive statement and described and captured the essence of nursing faculty being bullied by colleagues at work.

Faculty that were interviewed had a strong sense of commitment to the nursing profession. They endured the bullying experience because of their love for teaching. Although bullying is known to occur in higher education and nursing, nurse educators were surprised that bullying occurred among nursing faculty. All nursing faculty reflected on the wide range of bullying behaviors that effected their physical and emotional health as well as the cultural and enabling structures in place that faculty felt contributed to the cause of bullying. Initially, faculty responded to the experience with making excuses, doing nothing and some even fought back. However, over time many faculty described how the experience that changed them, how they had to make decisions about staying or going, and what academe needs to do to eliminate bullying.

The results of the data analysis are presented as themes and subthemes (Table 14) identified from the participants’ interview data. To illustrate these essential themes and subthemes, portions of the narrative transcripts are provided. While multiple participants may
have provided similar statements, the following reflections were selected to represent statements from as many participants as possible.

**Table 14**

*Themes and Subthemes Identified as Representative of the Faculty’s Experiences with Bullying Behaviors*

<table>
<thead>
<tr>
<th>Theme</th>
<th># of Participants (n=20)</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabling structures-governance (things that allow it to occur)</td>
<td>14</td>
<td>Leadership, Policy, Organization under transition</td>
</tr>
<tr>
<td>Role of the academic culture (why it occurs)</td>
<td>19</td>
<td>Learned behavior (“eat their young”), Good ‘ole girl system, Competition, Female thing</td>
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_theme 1: Enabling Structures-Governance of Institution._ The first theme identified from the analysis of the qualitative data was enabling structures. The theme became evident as participants reflected on the governing pressures and circumstances that enabled bullying to
occur and manifest them in a work environment. Following subsequent readings it was clear that enabling structures were subdivided into three subthemes (a) governance of institution, (b) policy, and (c) an organization under transition.

When participants 9 and 13 talked about the governance of their institution they stated similarly that the leadership within the department or lack of leadership made a difference. They identified the administrator’s leadership style or as Participant 19 asserted, “Unprofessional leadership” as a factor that enabled the bullying behaviors. Participant 14 expressed a lack of leadership when she stated, “Our Dean was not really there.” This sentiment was echoed by Participant 17 who stated, “Lack of leader...let it happen.”

Participants believed that a laissez-faire leadership style made them feel powerless to protect themselves against bullying behaviors. Participant 13 expressed, “I think the biggest thing is the leadership….but, she doesn’t like to deal with problems so she avoids them, which means people are powerless to do anything about it.” Participant 10 expanded on the topic by stating, “I would have to say that the management,…by not taking any actions to stop it, enabled it, because she knew she could keep getting away with it–that nobody was going to do anything to her.”

Policy. Participants cited a lack of policy regarding bullying as problematic. Almost all of them reported that their institution had no policy and they felt that there was no way to address the behavior. Participants believed that a working policy would give those who are bullied a way to formally address the behaviors. Because there was no way to address the disruptive behaviors it enabled the bullying behaviors. For example, when asked if there was a policy in place at her institution to address bullying behaviors, Participant 14 stated “No, no, absolutely none.”
In contrast, some participants cited that their institution had a bullying policy in place. Although these participants stated that they had a policy in place, they reported that the policy was often ineffective. Participants 15 and 17 reported that their institution had a policy in place. However, Participant 15 stated that her institution’s policy was not adequate to address the problem because it only addressed student incivility, “We do have a policy on incivility…it was relative also to academic dishonesty….So yes, we have students, between students and faculty.” Participant 17 stated, “Yes, they’ve got a policy. Actually I was just going through all of that stuff. You know of course they say it’s not tolerated.”

Organization under transition. Some of the participants described their organization as under transition. For participants, organizations that were under transition were seen as stressful environments to work in. They described changes in their program, such as the accreditation process, curriculum changes, and turnover of faculty and administrators. These participants talked about their program being in transition and how the stress of change enabled bullying behaviors.

Major changes in leadership were described in detail by several participants. Participant 2 saw these changes as major stressors. She reported, “It was a change, a major change in leadership from someone who’d been there forever.” Similarly, Participant 19 stated,

This past year was probably the worst. Not only because of the bullying behaviors from peers, but also we had an administrative change. The previous president retired and they hired a new president and he lasted five and a half months and he amplified the situation because he wasn’t professional. He was an alumni from this institution and basically these people that I’m talking about were always in his office and I got pulled out of the course that I was hired there to teach because of his relationship with these people.

In addition to the stress of leadership changes, participants also identified curriculum reviews and changes as another transition. These transitions were identified as highly stressful and enabled bullying. Participant 8 described her program in transition,
We’re currently transitioning from one program to another, so we are in a heated battle going through accreditation. We’re gaining initial accreditation for our BSN program and this is just not the time to have a supervisor undergoing any of this.

Participant 5 had a similar experience,

There was a good deal of stress in the department at the time because of turnover and because there was a new program that was unfolding. There were some development issues going on with that, and accreditation things coming up, and so there was a lot of stuff going on.

Only one participant mentioned the financial concerns within her institution. She mentioned budget cuts that led to furlough days and scarce supplies. She discussed how these financial concerns caused tempers to rise and enabled bullying behaviors. Participant 1 stated,

I know that with budget cuts, supplies get scarce. When supplies get scarce we all tend to want to hoard. I know that several of the nursing instructors will take a little more than their fair share as far as office supplies and things of that nature, and leave the ones that aren’t as quite as aggressive about standing their grounds, and they’ll go without and have buy their own supplies. That, with the change in climate as far as budget cuts and definitely having to look at potential furlough days, causes some strife and makes tempers rise.

The theme enabling structures highlighted the institutional and governing issues that allowed the bullying to occur in the participants’ work environment. Participants revealed that the governance of the institution, the organizational policies or lack of policies as well as an organization in transition, were structures that enabled bullying to occur at their institution.

Theme 2: Role of Academic Culture. The theme academic culture became evident as faculty discussed their program’s traditions that support bullying behaviors. When looking at the trends and traditions of the participants program, four subthemes were revealed: (a) learned behaviors, (b) good ole girl system, (c) competition, and (d) female thing.

Learned behaviors. Participants talked about a learned pattern of abuse. The phrase “nurses eat their young” implies that experienced nurses do not treat new nurses kindly. When new inexperienced faculty members are employed in academe, they are placed in the care of
more experienced nurse educators for training. Often, the abuse begins at this point, with the older nurse educators behaving spitefully towards the new ones in the same ways they had been trained years before. These types of learned behaviors were seen as part of the academic culture that supports bullying behaviors. Participant 2 stated that,

Because she had been a target of the same behavior, she had turned around and done. Very much like the old nurses eat their young, you know, we’re victims of it as we start and then do it to somebody else.

Participant 3 discussed a similar situation,

What I would tell you after knowing this person for over a decade, is that this person, herself was significantly and severely bullied in nursing education. That’s the classic cycle of abuse, she came here as a young, new faculty member and was fascinated by scathing collegial comments, you know, to the point where I think it broke apart her self-esteem completely.”

This was further emphasized by Participant 1, who said, “The ones who tend to be dominant tend to be the older nursing instructors. One, they’ve got more experience, they’re more seasoned, and, two, they’ve learned that they’ve had to stand their ground.”

Only one participant thought that the use of the phrase “eat their young” was overly used. Participant 9 agreed that nurses and educators behave badly but considered this phrase inappropriate and not a true representation of what is really occurring.

Similar to the perception that nurses “eat their young,” the concept of paying dues was emphasized by several other participants. They described expecting new or less experienced faculty to work harder and take their turn in the trenches (working the less desired shifts, teaching the harder classes, working with difficult students). Several participants described situations where more experienced faculty wanted newer faculty to experience what they had experienced. Participant 3 talked about older faculty expecting newer faculty to “pay dues,” “Now it’s time for the others to basically pay their dues. And sometimes they expect that the less
experienced instructors to pay more dues than I think is appropriate.” Similarly, Participant 1 gave an example of behaving spiteful to the newer faculty,

For example, I know that some of the instructors rotate and will do nightshift… And the instructors, the older instructors will say, ‘Well, I’ve paid my dues. You’re going to have to do that nightshift and help them get their clinical caught up because I’m too old to do it, and I’ve done that, and I’ve been there, and now it’s your turn.’

Many participants found it hard to believe that educators and more importantly nursing educators would treat others poorly. They found the expression of “nurses eating their young” vile and so far removed from the idea of the caring and nurturing nurse that it is hard to believe that it could possibly be true. Participant 7 called it an “oxymoron” and stated, “The terms caring nurse and bully do not fit.” Participant 8 also found it hard to believe that this behavior was displayed within nursing academe, “It’s funny because especially in nursing, we talk about nurses eating their young. I mean that’s something we used to pride ourselves on. I thought we would be above that in academe.” This sentiment was echoed by Participant 15,

Oh, it’s made me really sad. You know that we have for years eaten our young, and in a time when we have a faculty shortage around the country we should be supportive of one another and help one another you know do well.

Participant 15 also found it sad that this was occurring, “Oh gosh, you know it’s, you know, it’s sad because we all love what we do, we came into this, into this, ah, to help people and to you know make nursing a better profession.”

Good old girl system. Another trend identified by participants was the good old girl system. Participants talked about groups of faculty within an institution that have been there a long time. Because they had been there a long time, this group considered themselves to be in charge and the only ones who could make any decisions. This trend was viewed as supporting bullying behaviors. Participant 15 described,
I’m real clear on this one, for about 25 years there was a good old girl system. There were
decisions made for the entire department, behind closed doors that were later just
announced. ‘So, this is how it’s going to be.’ If you weren’t part of that system you had
no control over that, you just followed what the good old girl system did. I’ll give you an
example. I sit on the personnel committee for both the graduate and undergraduate
faculty. The graduate faculty coordinator wanted a certain individual without the proper
credentials, but thought she could push it through. There were two of us from the
undergraduate faculty on that committee and voted it down. That also angered the
graduate coordinate, who’s also part of the good old girl system. Similarly, for
undergraduate baccalaureate faculty, a little bit of nepotism.

Another participant (2) illustrated,

It was a much larger faculty, very large faculty, and there was the core group of people
who had been there long periods of time...an environment controlled by a core group.
There was no mentoring from this core group of mean girls. They’d been there long
enough.

Competition. Competition was also seen as a trend that supported bullying behaviors. As
explain by Participant 10, “You know, I think maybe it was competition.” Participants talked
about the bully and the thought that the bully felt threatened in some way. Many of the
participants described the bully as someone who was insecure, intimidated by new faculty, or felt
threatened in some way by those they bullied. Whether there was a real or perceived threat, they
viewed the one they bullied as competition.

Participants described situations where the bully felt threatened by the participant’s
knowledge. For example, Participant 20 reported,

Her intent, I am pretty sure, was for her to be seen as knowledgeable and competent and
me not...that she was like a few others in my life, very threatened because, whether I feel
it or not, I seem to exude an impression of competence and confidence. I think she felt
that I was after her position of informal power on the faculty.

Participant 3 illustrated a similar experience,

I think honestly, in some respects, I was somewhat threatening to this person. I was
frequently asked to speak at student gatherings. I was a very popular advisor, and I think
this person is deeply, deeply, deeply insecure. So, I think that was one component of why
that person’s rage was so specifically directed at me.
Participant 19 echoed these thoughts, “They want to be in charge and they feel threatened by anyone that could possibly assume some of their power.”

Some participants recognized that the bully targeted those individuals who were strong or stood up for an idea. The bully saw this behavior as threatening. One example was provided by Participant 8, who stated that,

She tends to bully people who are strong, who have opinions, who speak up, and who are behind the scenes players. Those are the people she tends to become very engaged with on a very emotional level. Some of it is threatened. She definitely does feel threatened.

Although some participants described bullies targeting those who were seen as competition, they also believed that they were “easy targets” and “vulnerable.” Participant 20 stated,

I’d recently moved, my husband had recently died, and I had recently had my second surgery for breast cancer. We all make mistakes and I know I make my share and I try to find them, try to apologize, I try to repair what can be repaired, but it didn’t matter how well I did those things as far as this woman and the Program Coordinator were concerned… I was an easy target and in that very stressful year for everyone with the new curriculum being introduced, I got scapegoated by a few people…basically two people.

Participants 3 recalled that because she was new and on a tenured track that she was vulnerable.

I was somebody who transitioned from the private sector, from a clinical practice, into the academic setting and my background in graduate school was primarily clinically based. I am a Nurse Practitioner, so I was on that track. I came into academe feeling a little bit less sure of my footing about how things go in academics, and so I really had a bit of reality shock in and of itself with things like designing courses, designing syllabi, making sure learning objectives matched, those kinds of things. I was in some respects fairly vulnerable because I was in a tenure track position and the word on the street in the culture and the institution was there was absolutely no way that you would be tenured without full support of your department head. And the behavior that I experienced was coming from my department head and so I felt that I had absolutely no recourse at the time because I was in the tenure experience.

Participant 17 had a similar experience with being new to academe.
The three of us that are new. The rest of the instructors have been there anywhere from
ten to fifteen years. It definitely feels like they try to run the show and they run people
out if they don’t conform basically to how they feel the program should be going. So they
run out instructors. That’s how I got the position, because they weren’t getting along with
somebody who was holding the position. She eventually decided to resign. From what
I’ve heard, it was horrible. They really forced her out. They wouldn’t talk to her, they’re
making snide comments about her, so they really forced her out of the position.

Participants also identified that changes within the department threatened the bully. The
identified changes disrupted the bully’s work environment and threatened the status quo. One
example was provided by Participant 5,

With the new faculty coming in, the change, the different intelligences, and different
experiences, I think this particular person was very intimated and threatened by that
situation. People had come up to me and said, ‘It seems like this person is really feeling
threatened right now by the changes and by you and the experiences that you bring.’

Another example was described by Participant 13,

She’s very good at taking people under her wing, helping them. She’s very helpful as
long as she’s in control of you. When you question her or when you try to take some
control away from her that’s when she gets ugly.

Female thing. Many of the participants described how females communicate differently
and often have difficulty communicating with each other. They also mentioned that women are
often afraid of conflict and because of their gender are “hormonal.” Because several participants
talked about their organization consisting of mostly, if not all, females, their communication
style, or lack of, was seen as problematic. Participants felt that this trend supported bullying
behaviors. Participant 15 highlighted their female environment by saying, “At the risk of
sounding female oriented, I think that a lot of that has to do with working in an almost totally
female environment. We don’t have any male faculty members.”

Participant 17 voiced a similar thought, “Well, it’s made me question if this nursing, is
this a female thing?” While describing females, Participant 9 said, “And I think we have to. First,
females in general often are willing to take things that males don’t and they take things more
personally.” This example was expanded by Participant 5 who said, “We’re women and we’re afraid of conflict. We don’t know how to have healthy conflict. And we take it personally.” Participant 13 took this further by saying, “Yes, I think part of it is you’ve got a whole building full of menopausal women.”

The theme academic culture was discussed as possible causes of the bullying behaviors. Participants gave examples of learned behaviors, good ole girl system, competition, and a female thing. These examples resonated with participants in terms of the cause of bullying within their institution.

Theme 3: Bullying Behaviors. Participants had vivid stories to tell about what types of behaviors had occurred at work. After further readings of the transcripts it became clear that participants discussed three subcategories of bullying that occurred within the academic setting. These subthemes were (a) workplace bullying, (b) personal bullying, and (c) physical bullying.

Workplace bullying. Participants discussed many behaviors that were inherently workplace bullying behaviors. Workplace bullying behaviors are those behaviors that affected their work or workload. Participants described behaviors such as withholding information that affects performance, being given harder work assignments, having opinions and views ignored, and excessive monitoring of work.

Participants described how others withheld information that then affected their job performance. Participant 1 talked about the newer faculty being made to figure things out on their own. She reported, “They won’t tell you what you’re not doing and what you should be doing. You should be mimicking them and basically, [wanting one to] copy and then basically daring you to say something.” Participant 2 gave an example of how withholding information affects job productivity.
One example was filling out supply orders for your on-campus labs. What kinds of things do you need? There was a way to fill this out. You had to fill the forms out a certain way or they got kicked back. They wouldn’t give them all the information they needed for their forms.

Many participants described behaviors such as having their opinions and views ignored. Participant 3 described this as feeling as “I did not have a voice.” This sentiment was reiterated by Participant 19,

I would say the whole spring semester, if it had anything to do with faculty, if it had anything to do with administration, or the institution, I just checked out, because I didn’t feel like my opinion was valued, nor did I feel like it was welcomed.

In addition, because of the tenure process, Participant 9 felt particularly vulnerable to bullying, “I’ve heard people say that young faculty shouldn’t speak up until you’re tenured.”

Several of the participants also discussed control issues and micromanagement by the bully, indicating that the bully wanted to be in control. Specifically, the bully wanted to control what the faculty did and when they came and went. Participant 3 reported, “There were a lot of control issues with what I did in class and what I did for syllabi.”

Participant 17 had a similar example, “If I’ve gone to a conference and I found a new form of lecturing [or research] that I think would work, she says that we shouldn’t be doing things like that.” One bully went so far as to track the coming and goings of her colleagues, although this was not her responsibility, as described by Participant 13. “And so Friday afternoon she’s walking the halls seeing who’s in their office. She’s the hall monitor.”

Personal bullying. Participants discussed many behaviors identified as personal bullying behaviors. These behaviors were personal attacks that happened at work. Participants described a variety of behaviors, such as being humiliated in connection with their work, spreading rumors or gossip about them, criticizing work, being ignored or left out, and passive aggressive behaviors.
Passive aggressive behaviors were addressed by several participants as being sometimes overt but often covert in nature. Additionally, participants said that passive aggressive behaviors were the most difficult to handle.

She will draw you in, and she would make you feel as though you were sharing, and you were growing, and she is developing and mentoring, and then you will hear in hallways and in direct reports, that she is using my name (laughs) in ways I wish she would not.

Participant 2 described a similar experience, “But it started with one person who became very passive aggressive, where it’d be all the great things to me, but talking about me to other faculty members behind my back.” Participant 5 described the same types of behaviors as juvenile, “She chose a quite physical distance from me and eye contact was nonexistent, and it was just felt very juvenile, and very passive aggressive, and it was unfortunate.”

Criticizing or belittling of one’s work was another personal bullying behavior reported. The person who bullied Participant 10 did so by criticizing her educational preparation and belittling what she had taught to students, “Because I taught Fundamentals, she would say that when they got to her in the later part of their education that she could tell that I had taught them Fundamentals, because they didn’t know anything about anything.” Participant 10 further stated,

I had a colleague who told me the only reason I ever had my job is because I was the only one who applied for it, which was not true. She would belittle my education, because it came from an online university…[she] said that it wasn’t worth anything because I didn’t work as hard…saying things like, ‘See that’s where your online educations will get you.’ For example, there were three of us co-teaching a clinical group. She was supposed to be the lead on the clinical and she would do nothing toward it and then belittle everything that we did for it. Any time she had to the chance to do anything belittling or insulting, she would.

Similarly, Participant 19’s teaching ability was criticized,

The students would ask a question of them and they would say, ‘Well, ask her. She knows everything. She’s going out for her Doctorate. Ask her. She knows it all.’ Then telling them that maybe I wasn’t as good of a teacher as everyone had thought… which got back to me.
The criticizing of teaching ability was also echoed by Participant 20,

The way it was done was pretty clear to everyone—especially me, that they were commenting on the quality or lack thereof of the lecture I was delivering. It was extremely blatant. I remember one team meeting where I mentioned the fact that this student had cried because she was afraid that I would get into trouble again and the person who had instigated all of this bullying said, ‘Well, what do you expect if you stand up in front of class and go sigh and look at me and say is there anything else you would like me to add?’ Another of the faculty members not involved said, ‘Now wait she didn’t start to do that until after you started correcting her in front of the class.’ So the subject got dropped. It was obvious and it was no way out of it other than to quit—which for various reasons at that time was not a viable option.

Similar criticizing occurred with other participants. For example, Participant 12 stated,

I have to tell you I wasn’t the only victim of her bullying. There were other faculty that were also facing some of the same problems with her. They were being told just as I was that their courses weren’t important or what we taught in our courses was incorrect information. We weren’t following the policies when in actuality she was not following the policies. She deviated from the policy grading scale of the department and developed her own and consequently all of her students were passing the courses even when they were below the standard grading scale of the department.

Participant 2 was belittled in a faculty meeting,

She would belittle me in front of faculty in faculty meetings. [She said,] ‘It’s the reason that things aren’t going well right now is because of you. You’re the thing that’s changed. You’re wanting us to do all these things that I heard we should have been doing them all along. But the previous person did all of it and I don’t know why you can’t do it too. You must just be lazy.’

A similar experience was discussed by Participant 16, “This person will attack people in the meeting and tell them that they don’t know what they’re talking about, how dare you, and then she’ll get up and run out of the room.

Several participants were made to feel inferior. They were not allowed to make decisions and their ideas were not valued because they were considered new or inexperienced. Participant 8 discussed how she was “put in my place” and made to feel unappreciated. Participant 8 reported her superior said, “She’s very clear to state, ‘You don’t have knowledge regarding…’ She’s very clear to state, ‘You’re inexperienced.’”
Participant 1 reported a similar experience, “In an instance where I was testing students, I made them skip a seat, and one of the other instructors told me that that was stupid and that I just needed to stick them all in there.” Participant 14 remembered that she was told, “I don’t want to hear any more from you.”

Many participants described sabotaging behaviors. These behaviors went beyond belittling. These behaviors were meant to make the person look bad. Participant 20 described it “like a knife stuck in my back.” Participant 10 described a situation, “In front of students one day, she tried to trip me up, and would ask me bizarre, off the wall questions, and if I didn’t know the answer to it, she would belittle me in front of other students.”

Participant 5 discussed a blatant form of sabotage,

I was up for promotion and my promotion was going along nicely, and she misplaced my promotion portfolio packet. For whatever reason, it didn’t make it to the next level. She misplaced it. When I began to ask her what had happened and where was it, and her mistake became visible, it became visible not only to the entire Department of Nursing—which my portfolio had already been passed through, and another department, which I had already passed it through, and was going to now another piece to it. The dean found out about it. She became, this whole thing became very visible. I lost my opportunity for promotion because of it, for the year.

Participant 14 described her bully as someone who would “point her finger” at her when things went wrong or decisions changed.

‘I need this done,’ and then when I would do it, she’d say, ‘Oh, that’s not the right way to do it. I want it done this way,’ and I’d do it that way and then when someone would say, ‘Why was it done this way?’ she’d say, ‘Oh, [she] did it that way. I didn’t tell her to do it that way.’ It was things like that constantly.

Participant 4 reported a similar experience,

That’s the extent of my bullying so to speak because she says, ‘Well, I told you to do this.’ She never did. It was a just a, a lie, a total lie, that she told me what to do and she set this up and she didn’t do anything. She’s just trying to cover herself.

Being ignored or left out of social exchanges was also identified as bullying that affected participants personally. Participant 19 revealed, “I would start being left out of conversations,
stop being asked to go to lunch, be completely brushed off in front of students …walk right past me in the classroom, and not acknowledge that I was even there.” A similar scenario was also identified by Participant 2, “Oh, it’d be things like not include them…we’re going to have a potluck and forget to tell them that it was going to be happening. Not include them in going to lunch. Very excluding behaviors.”

Participant 7 described being ignored,

Since that encounter which has been a year ago, the faculty member still will not look at me when I pass her in the hallway. She still will not greet me, I greet her say, ‘Hello, good morning.’ She will not respond. It’s been uncomfortable.

Physical bullying. Participants discussed many behaviors categorized as physical bullying behaviors that occurred at work. Participants described behaviors such as screaming matches, body posturing, and physical and verbal threats against them. It was not uncommon for participants to experience more than one type of abuse. Many participants who described being screamed at also admitted that they had been the recipient of either verbal or/and physical threats. It was also reported that verbal and physical threats often occurred together.

Participant 7 described a time when the bully threatened her by insinuating that she would do something to jeopardize Participant 7’s job.

‘Do you like working here? Do you like your job?’ In a way that was the undertone of it, it was threatening. It was snide. The connotation was that perhaps she would do something to see that I did not have my job anymore.

Similarly, Participant 3 described a time when her job was threatened, “‘I’m not sure that you’re psychologically fit to be a teacher. Maybe you need to reconsider your profession,’ even though my teaching evals [evaluations] were glowing.” Similar to the other two examples, Participant 19 had her job threatened. “Well, he said, ‘You know, maybe now is a good time that you looked for someplace, something else to do, somewhere else to settle’.”
In addition to verbal threats, participants were also subjected to verbal outbursts.

Participant 8 reported,

The other thing that she would do is she would try and out talk and out volume you, and end conversations, and so she would just get louder in instances until you really couldn’t compete with her anymore. And so that was one way that she simply outshouted you, or continued a train of thought or a sentence that never ended so that by the time that she looked at you, you’d forgotten what you were saying.

Like several others, Participant 2 described how behaviors escalated to screaming. Participant 3 described the behaviors as horrible screaming matches,

I wish I could convey the sense of doom and desperation, and what it’s like to walk into a job where you feel like at any moment you’re going to have doors slammed and screaming, God-awful, matches, and not ever even knowing. You might end up in a two-hour, horrible, screaming match.

Participant 13 even wondered what her bully might do, “Someone that’s kind of volatile that way is maybe not quite seeing reality in your own [view…] I wonder what they might do. Slash my tires, or come to work with a knife, who knows.” Unfortunately, several participants experienced what they considered physical threats. Participant 8 described the bully touching her to make a point,

No one has seen her—to the best of my knowledge physically touch me. And usually it’s just grabbing my hand and squeezing it, or grabbing my arm and squeezing, and usually it’s moving it up and down with emphasis to emphasize her point. But that’s still touching me (giggles) and I don’t like that and I will very distinctly make eye contact and remove her hand from me.

Participant 3 described a similar experience,

She has on several occasions reached out and touched me. She is someone who will move into your personal space and shake her finger in your face. She is someone who will flush from her chest all of the way up to her ears, raise her voice, and actually yell at meetings. I have never experienced someone lose composure like that at a meeting—physically and emotionally and verbally lose control.
Participant 14 echoed this sentiment, “She’d point her finger at you and say, ‘You have to do what I tell you to do. Repeat after me, ‘You have to tell me…I have to tell you what to do. You are not allowed to make decisions on your own’.”

Alarmingly, often the physical threats escalated. Participant 7 recalled, ‘You need to tell me what happened, what you did to this student.’ She used some words and her body language was such that she was kind of lurching over my desk at me. The first thing I said was, ‘That felt like an attack to me. Let’s start over.’

Participant 14 described being physically threatened, “And one time she said to me, ‘Come in here. I want to smack you in the face.’ I’d be like, ‘Well, what did I do?’

All participants described the types of bullying behaviors that they experienced. The participants spotlighted behaviors that were either workplace bullying, personal bullying, or physical bullying. Although these behaviors could be divided into these subcategories, all bullying behaviors occurred at work.

The quantitative data supports that workplace bullying, personal bullying, and physical bullying behaviors occur within nursing academe. Similar to the qualitative findings, the quantitative findings highlighted the types and frequency of bullying behaviors among nursing faculty members. Although all types of bullying were reported personal bullying had the greatest extent of bullying with a mean of 18.97 with a possible range of 12 to 60.

Theme 4: Immediate Reactions to Behaviors. Faculty reflected on how their bodies reacted to the bullying behaviors. Following subsequent readings it was clear that the body’s reactions were subdivided into physical and emotional subthemes.

Physical reactions. Participants described a wide range of physical reactions that their bodies underwent when they were bullied. The identified reactions included depression,
gastrointestinal upset, and insomnia. Many participants reported having experienced more than one reaction.

Some participants stated that they were so upset by the bullying that they could not eat. For example, Participants 3, 16, and 20 experienced gastrointestinal upset. Participant 16 stated, ‘During that semester break when I was mad doing my research on how to handle her and getting ready to meet with her, oh yes, my stomach was in knots. It was hard to eat; your stomach is upset.” Participant 20 described similar symptoms, “I had GI upsets. I was afraid to speak up a lot of the time and I was constantly on guard against further attack.”

Other participants reported that they had difficulty sleeping. Participants 3, 14, and 19 had insomnia. Participant 14 stated, “I would wake up in the middle of the night. I’d wake up at about 2:00 in the morning and I couldn’t go back to sleep.” Similarly, Participant 19 reported that, “I had difficulty sleeping and it changed my personality. I was very tearful.”

Some participants experienced symptoms of anxiety and depression. Participants 3, 7, 15, 19 and 20 described symptoms of clinical depression. Participant 20 reported, “I got very depressed, I started on antidepressants.” Participant 3 explained that she was so depressed that she could not eat or sleep,

I clearly was in crisis. My anxiety really was pretty bad. I had to go on an SSRI daily for a short term. I loss a tremendous amount of weight, a noticeable amount of weight. I was very pale. I had a tremor…. and so because my anxiety manifested itself physically I think I never felt like I could necessarily put the shield up and that people wouldn’t know.

Emotional reactions. In addition to the physical conditions that manifested, participants also experienced emotional reactions. Participants discussed the many emotional reactions they had when experiencing bullying behaviors. Participants described emotions such as being scared, humiliated, sad, angry, devastated, and hopeless.
Participant 13 remembered feeling scared. She was scared of what the bully might do. She envisioned that the bully might hurt her or her property. She reported, “Someone who is that volatile…I wonder what they might do like, you know, slash my tires, or come to work with a knife, or, who knows.” Participant 3 also reported feeling scared, “Holy cow, I’m scared to death of her, too.”

Several participants reported that the entire experience was humiliating. They thought it was embarrassing to them as well as to those who witnessed the behaviors. Participant 2 stated simply, “It was humiliating.” Participant 13 stated,

Oh, it was humiliating. It was undermining the respect from the students toward the lab staff. It’s demeaning. It’s not professional. It’s very disheartening and just deflating to be treated that way. You just feel this weight of oppression and hopelessness—I’m just gonna be beat up here.

Feeling sad about being a part of these negative experiences was also mentioned by several participants. Participant 19 described the experience by stating, “It just makes it just so sad. I was so excited to start this opportunity and I was so grateful to be there and to be educating these nurses, and for this to happen, it’s just so sad.” Feeling sad was also described by Participant 15,

Oh, it’s made me really sad. You know that we have for years eaten our young, and in a time when we have a family shortage around the country, around the country we should not be [that]. We should be supportive of one another and help one another do well.

Participant 7 described herself as being completely miserable, “It was all I could do to get myself here every day. I was miserable in my job for at least six months, completely miserable, for many reasons and that was a very, very big part of that.”

Some participants described feeling angry. They felt angry that this could happen and angry that no one did anything to stop it. Participant 6 simply said, “, it makes you angry. It’s
demeaning as well.” Participant 10 had a similar response, “I started to feel angry. Why is she getting away with this?” Likewise, Participant 14 stated,

And then the bottom fell out. I think I was very angry that that happened, too. Because here I had this wonderful job… and I let her ruin it. That’s the way I felt. Not that she ruined it, that I let her ruin it.

The feeling of pain was also reported. Participants described that the bullying was emotionally painful. Participant 12 admitted that, “Even though it was eventually resolved, it was resolved with a great deal of pain and a lot of faculty felt very demoralized.” Participant 15 echoed this feeling,

It hurts because you spend your life in the field and you do make a difference with students. If it weren’t for the difference I made with students, I might leave. But, I love what I do, so I’m not going to leave.

Similarly, Participant 3 said, “It’s a very painful part of my career.”

Participants revealed that during their bullying experience that their bodies reacted both physically and emotionally. The theme body’s reactions to bullying behaviors was identified as participants described the types of physical and emotional reactions bullying had on their body.

Theme 5: Immediate Behavioral Response to Behaviors (Actions)

The theme behavioral response to bullying behaviors became evident as participants reflected on what actions they took in response to the bullying behaviors. Upon subsequent readings it became evident that behavioral response to bullying behaviors had three subthemes: (a) made excuses, (b) fighters, and (c) did nothing.

Made excuses. Participants talked about how they made excuses for the behaviors. They either did not realize or did not want to admit that they were being bullied. Participant 3 said,

I would preface my comments by saying, I think as I’ve come to really think about bullying or understanding components of bullying that when I was in the midst of the worst of things, I really didn’t have any idea. I felt like the behaviors were inappropriate, but I felt like I really lacked a lot of knowledge about how completely inappropriate they
were and its only been with some passage of time and some reflection that I have come to even conceptualize what happened as possibly being bullying.

Several participants indicated that they began to doubt their self and their own abilities. Additionally, some even questioned if the behaviors were normal. Participant 3 even began to think that the bully might be right,

Now I think of myself clearly as an educator, [and a] faculty member. At that point, I was a clinician, and I thought ‘maybe I don’t know what the hell I’m doing.’ My graduate work wasn’t about writing course objectives and evaluating the student work, so maybe I don’t know. Maybe, I’m stupid, maybe I’m dumb (laughs). You know, maybe, my project really is ridiculous. maybe I should just have multiple-choice questions. Maybe it’s dumb to ask students to watch a movie and do a creative project. I’ve done a lot of anxious time thinking through all of that. Maybe that wasn’t right, maybe I shouldn’t do that. It was just a horrible, huge, recrimination… maybe I was just screwed up. Maybe she was right. Maybe I shouldn’t have been in teaching.

Some said that they made excuses. Participant 14 reported, “You make excuses for the whole situation. Then you’d use the avoidance [techniques]. I’d come to main campus on the days she wasn’t there.” Participant 2 made excuses for the behaviors.

I truly had never experienced anything like that before. I’ve read about situations, but had never, ever experienced anything like this. That was why, for a while I kept making excuses. She needs to go back on an antidepressant. She needs to quit using testosterone supplements. I kept making excuses for her behavior instead of saying this behavior is not tolerated, will not be tolerated. I kept making excuses.

Several participants questioned if the situation really took place. Participant 14 began asking herself if the bullying had really happened or had she just imagined the experience, “Did she really just say that to me? Did that really just happen? No, I just didn’t see it right. You really do. You make excuses for the whole situation.

Similarly, Participant 2 also wondered if the experience might not be as bad as she thought it was,

It went on about six months with me thinking, ‘okay, I’m reading into this. It’s not as bad as I’m thinking it is. She’s under stress…’ I had lots of excuses for her until one day I
was listening to her and thought, ‘No, this is absolutely bullying behavior, and she’s almost a textbook case of it’.

Fighters. Faculty discussed the many actions they took when they were bullied. Some participants discussed calling the bullies on their behaviors. When the behaviors occurred, they would let the bully know that this type of treatment was not acceptable. Others decided to report the behaviors to their supervisor, while others sought legal counsel. In some cases, participants tried to handle the situation personally. When this did not work they reported it to their boss and finally if there was no resolution they sought legal counsel.

Participant 1 described herself as someone who tried to handle the bully, “I tend to be an aggressive person who doesn’t like people to bully. So, yes, I do react.” Several participants used what they called their psychological nursing experience to try to deal with the bully. Participant 2 talked to the bully,

This is a work relationship right now and I am not the person you need to lash out at. I don’t know who you’re angry at, if you’re angry at me and it’s external, it has to do with your job, we need to discuss it. If it’s internal, let me encourage you to go back to counseling.

In an attempt to diffuse the situation, Participant 13 said to the bully,

‘I don’t dislike you. I want to have a good working relationship with you…I want to have a professional relationship with you. But, when this happens, and this happens, and this happens, that makes it really hard for me. I don’t know what to do. When my people are treated this way I can’t just let that go.’ I don’t remember her saying, ‘Yes, I shouldn’t have done that,’ but she kind of melted when I said, ‘You know I like you. You’re a good instructor. You do a lot for people. I want to have a good relationship with you.’ Then she said, ‘Oh,’ and she got teary-eyed and she gave me a hug.

Two other participants described how they tried to speak up for themselves. Participant 8 took the following approach,

The more I worked with her, when I was able to say, ‘You’re crossing a line,’ or ‘that makes me uncomfortable, or ‘could we rephrase that a little bit.’ It’s come so far that I have addressed it every time it’s occurred in that moment. I don’t find that this person is
particularly aware of her situation and of how she is perceived, but I will call her right then. I will say things like, ‘Please move your arm. Please take a step back,’ or I will psych nurse her in a way and say, ‘I notice you were very angry. Can you explain to me what I said that has made you angry?’ I’ll throw it back at her or I’ll say, ‘You seem upset,’ and often times she’ll recognize that [she] must be coming on strong and, and she’ll temporarily back down.

Similarly, Participant 16 described her action plan as,

I went into her office and said, ‘May I have a seat?’ And she said, ‘Sure,’ and I said, ‘There’s something I need to talk to you about.’ Of course she had that closed body language with her arms crossed and her legs crossed and leaned way back from me as far as she could in her office, and so I just told her, ‘I found your behavior offensive and I will not tolerate you speaking to me like that.’

Participant 7 described how she reported it to her dean. “I basically filed a complaint [with the dean] and to my knowledge, nothing was done about it.” Participant 13 also went to her supervisor, “I went to my supervisor about it…and explained to her the situation….so after that incident, I went to my supervisor again, but then I didn’t want to have a meeting because I just didn’t want more conflict.”

When all else failed, Participant 11 sought legal counsel, “I even went so far as to seek personal legal advice, and retained a lawyer at the time, because I felt I was being persecuted not only by the accuser, but also by the head of the Dean of Nursing.” Participant 15 also hired an attorney. “She [the bully] sent me the complaint. It was quite derogatory. I hired my own attorney.”

Did nothing. Some participants chose not to respond or dismissed the bullying. These participants discussed several reasons for allowing the bullying behavior to continue, including being scared, or feeling powerless within the situation. Still others reported just ignoring it or letting it go. Participant 20 was afraid that speaking up would trigger future attacks, “I was afraid to speak up a lot of the time, and I was constantly on guard against further attack.” Participants 3,
14, and 16 were scared of losing their jobs. As Participant 14 explained, “I knew I could lose my job and both my sons went to school there, so I would have lost that tuition too if I’d left.”

Participants 8, 10, 14, and 17 described ignoring the behaviors. Interestingly, Participant 8 was willing to ignore the behaviors because the work was rewarding and it was just easier to let it go,

I felt the work product was there and so I was very willing to let it go. It was very easy to let it go because I trusted our working relationship. I know it sounds silly to let something like that go, but I do. I let it go.

Similarly, Participant 10 also sat back and let the behavior happen. She described not wanting to rock the boat, “For the first couple of months that it was happening, I was new, and so I didn’t want to rock the boat, and just kind of sat back and let it happen.”

Participant 14 felt powerless. She could not stand up for herself but could not imagine why.

I really don’t know why I could not stand up to her. I tried to do things about it by going to my boss and hers, the big boss but that didn’t work. I still can’t understand why I couldn’t stand up for myself with her. I don’t know why it made me feel powerless. This happened to me at work at the age of 55 (laughs). It’s just amazing to me.

Participants also revealed that during their bullying experience that they made conscious as well as unconscious decisions. The theme behavioral responses were identified following the participants description of what they did during the bullying experience. Some participants made excuses, some were fighters while others did nothing.

Theme 6: Reflections From A Distance

Nearing the end of each interview, participants began to consider everything that had happened after they had experienced the bullying. Reflections from a distance became evident as participants reflected on their bullying experience. After subsequent readings of the participants’
reflections, it became evident that there were five subthemes to the reflections from a distance theme: (a) changed me, (b) considered options, (c) love, (d) what we should do, and (e) baffled.

Changed me. Faculty reported that the bullying experience had changed them. Some of the changes identified included becoming more aware, learned what not to do, made stronger, and always on guard. Participant 10 reported that she is less likely to become friends with colleagues and she now speaks up for herself. Participant 10 stated,

I was very hesitant to get involved personally with any of my coworkers because I didn’t want to share things. I didn’t want to really let them know about me, over fear that some of the same things would happen. But, I also say that I think it made me a little stronger because I don’t let people say things about me anymore. I speak up, and I say, ‘Wait a minute, I don’t agree with that,’ or ‘Why are you doing that in front of students.’ All of the things that I would never had said to her.

Similarly, Participant 17 reported that, “[I] also learned to speak up and not tolerate bullying. It’s made me really have to stand up for what I believe. I feel like it’s unprofessional and it’s made me see what I don’t want to ever be.” Participant 16’s self-esteem was affected and this led her to question her abilities. “I feel reluctant now, in terms of my own teaching ability. I know I’m good at what I do, but it’s really caused an issue for me, in terms of trust and confidence.”

Considered options. In this section, participants discussed other options rather than to continue or discontinue employment as they reported that quitting was not an option. Some discussed not being able to quit due to a flooded market, or no openings, while others like participant 11 would have had to relocate or participant 15 who was tenured at their current institution. Participant 13 explained,

[There are] a lot of nursing schools and colleges in this area and it’s [a] pretty flooded market. Many of our graduates are having to leave town to get a job–which wasn’t the way it was when I graduated. So, it might have been challenge…it might have been harder to find something.
Participant 17 reported,

I have a really good, good relationship with the college I graduated from and several of my former instructors have told me they’d love to see me come work for them someday. But, there’s nothing opened right now. For now I’m going to stay where I’m at and kind of see where it goes.

Participant 3 described lack of options that would work for her family.

I stayed because I didn’t have other options. I have children in the school system. I have a husband who is located here as well. I looked within a 90-mile radius, and I didn’t find anything compelling. For a variety of reasons related to our compensation package; it’s uncommon to get tuition reimbursement for example. It was hard to leave because of that, and also because I love this place.

Similarly, Participant 11 mentioned that she would have had to relocate if she left her position, “There probably are other options in academe—more at 2-year programs. I probably would have had to relocate if I chose another 4-year institution. At the time, the economy was beginning to take a downturn.” Participant 15 was tenured at her current position and she did not want to leave. She stated,

One of my peers runs a seminar. [She] is a very good colleague of mine. [She] said, ‘She [the bully] is definitely out to get you. We understand that. We’re going to stand behind you.’ If it weren’t for the fact that I was tenured, I probably would be gone by now.

Although some could not leave their current jobs, others discussed having opportunities at other institutions. Participant 16 mentioned having several different options within academia,

I worked at a technical school and I worked at our university, our land grant university, and both of them have offered me jobs if I ever wanted to come back. All I had to do was say the word.

Participant 14 also had opportunities within academe; however, she did not want to change to a smaller institution because she was concerned that bullying behaviors would be more likely to occur there. She said,

There are lots of options in the area where I live. But. I didn’t want to go to a smaller school. I chose to go to a much bigger school and a very well known school, just because I felt that I was less likely to end up in a situation such as this again. I felt that maybe the
smaller schools would be more like this. In talking with my colleagues it seems that, at least near us, the nursing profession that is in academic…all seem to move around a lot.

In contrast, some Participants 10, 19, and 20 discussed opportunities working outside of education as a nurse. Participant 3 even discussed cleaning toilets instead of continuing to work in academe, “Believe you me, there were times when I just would have walked in a heartbeat if I could have, or I felt like I could have…I was [asking myself should I be] cleaning toilets, should I work at Starbucks?”

Participant 10 reported,

It made me feel like I wasn’t worth being there. How could I not know the answer to the question? For the first couple of months that it was happening, I was new, I didn’t want to rock the boat, and [I] just kind of sat back and let it happen. Then the first year into it, I started to feel angry, ‘Why is she getting away with this?’ When I would go to my manager, I would feel that it would get me nowhere because [I thought] if she knew where it was coming from so it would just get worse. Eventually it led to me leaving that position.

At some point during the experience, all the interviewees made a decision to either stay or go. Six participants indicated that they left their position (1, 4, 10, 12, 18, and 19) and three participants (7, 10, 18 and 19) left academe entirely.

Participant 4 reported that she finally reached a point when she could no longer work at her institution. “I can’t work here. I can’t, you’re not trustworthy and I and the one thing where I draw the line is when people lie and you’re lying. And I left.” Similarly, participant 10 also reported that she also left her position, “So eventually it lead, it lead me leaving that position”.

Participant 18 reported, “So that’s when I said, Okay, this is it. I’m leaving, and I started my job search for a new job. It just, it just grew ... really unbearable.” Participant 12 reported that she was making a move from undergraduate education into graduate programs.

Yes, yes I, was gradually being (…) knew that I would be moving up into the graduate level, because I was teaching some graduate courses and I was teaching some undergraduate courses and I knew as you know um, um, as faculty in the graduate
program were leaving, planning on retiring that I would take over those courses, you know, I had been given that you know, um, kind of direction

Love. The development of the subtheme love became evident as faculty expressed their love for teaching. The love for the students and teaching nursing was a subtheme that resonated with participants (2, 3, 4, 8, 9, 11, 12, 14, 15, 16, and 17). Participants reported that they loved their students, where they worked, and the work itself. This love was why participants went into teaching and often why they choose to stay in their job and academe even when they felt that things were bad.

Several participants remembered that they had made a decision to teach nursing to pay it forward. Participant 2 said that

It’s the constant pay it forward. I had faculty members when I was in undergraduate and graduate school who were so nurturing, and kind, and validating that it made me want to do the same thing; and if I can get one or two students to do that, think of how many of them that I’ve touched.

Similarly, Participant 15 stated, “Oh gosh, it’s sad because we all love what we do, we came into this to help people and to make nursing a better profession, and in no other profession have I seen it like this.” Participant 3 felt her only solace was in the classroom, “I loved being in the classroom and I loved being in the clinical. I loved nursing education. I loved my students. I’d spend as much time as I could with them, but, the rest of everything was crumbling.”

A number of interviewees reported that their love of the profession and teaching influenced their decision not to leave. Participant 17 stated, “I don’t think so [leave], because I really love working with students. I just really enjoy watching them grow, changing from civilians to professional nurses.” Participant 15 stated that “I love, I love educating, (…) but I really hope this isn’t how it is in every facility.” Participant 14 reiterated this love of teaching.

I love it. I love teaching, I really, really realize that it’s my love now and it has been. I know I was really happy when I left bedside nursing [after] 25 years. I really, really loved
it but I didn’t know I would love something more. And, I really do. I really enjoy teaching. I seem to be good at it. The students seem to understand what I’m trying to teach. They seem to seek me out and so I started to trying to think about that and getting back to what was really important what made me switch from clinical nursing so now I have a great job. I’m involved in simulation and I love it.

Participant 4 found a purpose in teaching to make an impact on her profession.

I went back to school for the purpose of teaching. I really believe in it. I really believe in a 21st-century nurse and I am a kind of future thinker. I’ve always been that way. I would like to be an integral part of changing nursing for the better, by promoting nursing to a higher level, helping students see alternatives in nursing. There are a lot of great things you can do in nursing. I’m motivated to, make a little bit of a difference in a big pond of instructors. It’s my hope to do this. So, I’m going to stay in it and I’m going to keep going and hope to have an impact on nursing. So, I’m here to stay.

Not only did the love of teaching and finding purpose motivate these interviewees, but Participant 8 tolerated bullying by individuals because of her experiences with other “excellent” faculty and “great” students. Participant 11 questioned her decision to stay in her position, but “Then I decided I was a bigger person than that and I was getting good evaluations, very positive evaluations from students, and decided that what I gained from being an educator was more important than that.” Participant 9 was committed to being a nursing faculty member and “Even though I had this experience—this experience was very difficult—I have to say that I wouldn’t be anything but a nurse educator.”

However, Participant 16 reported that her enthusiasm for teaching waned because of the bullying behaviors.

I think it put a bad taste in my mouth for academia right then and there, even though she retired. I had a commitment to the students and I was excited about teaching. I think it curbed some of my enthusiasm. I was all excited I had taught my first simulation lab class and I was all on a high because the students just bonded so well and [those ] negative comments made about the shape of my corners was a little frustrating.
Prevention of Bullying

The interviewees felt strongly that changes need to happen in order to prevent further bullying behaviors.

I’ve felt this way before, but having gone through this, I feel even stronger about it. We have got to stop this. We’ve got to stop this from the beginning with how students feel bullied by faculty members sometimes. Those are the faculty members who are also bullying their colleagues. We, as professionals, as faculty, have got to stop this. It needs to be an absolute zero tolerance for it. By my taking six months to get it stopped, I was allowing it, and that can’t happen. Allowing it tells other people, it’s okay to do this. It’s not okay. It’s not okay for little kids. It’s not okay for teenagers. It’s not okay on Facebook. It is not okay. We’ve seen what happens in bullying with little ones as they grow up and there’s all the research on that. But, if we allow it in a caring profession group that means that it’s okay. That gives the message that this is okay behavior and we’ve got to stop it. (Participant 2)

These participants want to take a stand to prevent further bullying behaviors.

We talk about [a] culture of safety and [a] culture of caring, and we’ve got all these buzz words in nursing, but we don’t operationalize those theories at all, in my opinion, and I’ve worked at a number of institutions. I don’t think within nursing we operationalize the theories that we strive to develop and to bring into practice in relationship to how nurses care for themselves and how they care for one another. Nurses do not care for themselves and because of that, I think some of the bullying starts there. We need to speak up about it and we need to really take a firm stand on it because it’s degrading to our profession. (Participant 5)

In addition to speaking up, Participant 8 also believed that nursing academic centers and programs should give faculty the tools to combat the problem, “Whether it be in handbooks, in policy, in CEs, through your work. I think we need to recognize it and I think it needs to be addressed on an administrative level.”

Baffled. As participants reflected on their experience with bullying, many were surprised that bullying occurred in nursing education.

Honestly, I thought that was the way nursing education was. I had no idea what I was getting myself into. I think one of the best things that has ever happened to me was to take some time to reflect back on that period in my life and to honestly say that was— and I can put an expletive in there— abusive. That was not okay. You don’t treat a colleague that way, and you don’t treat people that way. You don’t point fingers at them and say you’re
not okay enough to be a teacher. My God, in the helping professions when you think someone would have said, ‘Oh, my God, I’m so sorry you’re struggling. Can I help?’ instead of making what was already tough three thousand times harder. (Participant 3)

Participant 17 reported that she had never experienced bullying behaviors on a professional level, but “Was really surprised that this goes on—that people who are grown adults can act like this at times and so it’s frustrating.” Participant 19 stated, “We’re educating the future nurses of our country, and we’re so bad, we’re so dysfunctional that we need this [education].” Participant 8 reiterated her disbelief,

We would be above that in academe, and I don’t think we are…That’s why we’re in this and we’re trying to create women and men who are going to be nurses—which is such an important profession and it does have an altruistic nature to it. Regardless of whether people are in it for a job or for a calling, there’s still some essence that you have to care. There has to be something there or I don’t think you can be effective at your job. So, we’re training people to do this, and we’re instilling in them values and we ourselves are promoting and engaging in lifelong learning that I would think that these petty kind of behaviors—because that’s what they are—they’re petty power behaviors would not be something we would do. We would recognize it. We would not use these tactics. We would be above them.

The reflections from a distance theme resonated with many participants. Following the participant’s bullying experience participants reported that they had been changed. They reported that they had evaluated options as well as made choices about leaving or staying. Although many of the participants’ decisions to leave or stay were influenced by their love for teaching they were baffled that bullying actually occurred within nursing education in the first place and reported that changes were needed within the nursing profession. The participants’ reflections about their love and passion for teaching make all things possible in their eyes despite bullying behaviors.

Summary

This chapter contains the results of a mixed method research design study. Data analysis was performed consistent with Creswell and Clark’s (2011) convergent parallel design. This
convergent parallel design was used to synthesize the qualitative and quantitative results of the study. The researcher merged the data collection sets together to establish a blending of data from which similarities and differences were identified (Creswell and Plano-Clark, 2011). Overall, findings of both the quantitative and qualitative study strands converged to highlight that bullying behaviors occur among nursing faculty. This framework allowed the data to be collected concurrently, analyzed according to quantitative and qualitative methods, and then merged; thereby presenting an opportunity for the quantitative results to be validated with qualitative findings.

Overall, findings of both the quantitative and qualitative study strands enriched each other to lend support for bullying behaviors among nursing faculty. The quantitative findings highlighted that the faculty that indicated their intent not to stay in their current position reported significantly greater bullying behaviors. Results also indicated that those who reported their intent to not stay in academe reported significantly greater bullying behaviors. The qualitative findings operationalized the bullying behaviors and demonstrated faculty members’ desire to remain in the professoriate because of a love of teaching and a motivation to make an impact on their profession.
CHAPTER 5
DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

This chapter provides a discussion of the findings of this convergent parallel mixed
method study and presents implications for nursing education and recommendations for future
research. The findings of this study have the potential to impact nursing education, research, and
practice as they draw attention to the types of bullying behaviors that occur, the role of the
academic culture, the enabling structures, the body’s reactions to bullying behaviors, faculties’
actions to bullying behaviors, as well as faculties’ reflections on their experiences with bullying
behaviors. As these factors are better understood, academe can use the findings to increase
awareness of incivility in the workplace, increase accountability among faculty and
administration for bullying behaviors to ultimately improve interpersonal relations between
nursing colleagues. Limited research has been done to investigate the perceptions of nursing
faculty and horizontal violence (Horat, 2008). Therefore, a convergent mixed method study was
used to investigate the phenomenon of bullying behaviors among nursing faculty and the
faculty’s intent to stay in academe following exposure to bullying.

Summary of Study

The purpose of the study was twofold. The first part was to identify the extent nursing
faculty experience bullying behaviors by peers and the types and frequency of the bullying
behaviors. The second part was to explore the lived experience of nursing faculty who have been
exposed to bullying behaviors among peers, and to determine whether bullying influences their
intent to stay in nursing academe. The theoretical lens was Bandura’s Social Learning Theory and the conceptual framework of Faculty Incivility was adapted from Twale and De Luca, (2008).

The following four research questions guided the study: Research question 1. To what extent do nursing faculty report being bullied at work? Research question 2. What types and frequencies of bullying behaviors are reported among nursing faculty? Research question 3. Is nursing faculty’s intent to stay in their current position and academe affected by bullying behaviors? Research question 4. What are the lived experiences of nursing faculty who have been exposed to bullying behaviors?

Table 15

Summary of Data Sources and Analyses of Each Research Question

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</tbody>
</table>
To address the first 3 research questions, surveys were sent to approximately 1500 members of the Nursing Educator Discussion listserv (NRSINGED). The quantitative survey included demographics and the NAQ-R, a two-page self-administered Likert-type questionnaire with constructs referring to work and personal related bullying as well as physically intimidating bullying. Members were asked to respond to the survey if they were currently employed as a faculty member in a school or college of nursing.

Descriptive statistics were used to summarize participant demographics. 300 participants responded to the survey. Descriptive statistics were also used to describe the types and frequencies of bullying behaviors reported among nursing faculty. Nonparametric, inferential statistics were used to measure the nursing faculty’s intent to stay in their current position and intent to stay in nursing academe.

To address the fourth research question, participants who agreed to complete the survey where invited to participate in the qualitative telephone interview. Sixty participants indicated willingness to participate in an in-depth interview, of which 20 were selected for participation. Data analysis for the interviews followed Giorgi’s data analysis method. Utilizing this method the researcher was able to identify and transform 6 meaning units (revelatory themes). Six themes with 20 subthemes were identified. The six themes were: enabling structures-governance (things that allowed it to occur), role of the academic culture (why it occurs), bullying behaviors (the experience of the participant), immediate reaction to the behaviors (the body’s reaction), immediate behavioral response to the behaviors (actions they took), and reflections from a distance (over time).

Following the analysis of the quantitative and qualitative strands, the researcher merged the data collection sets together to establish a blending of data from which similarities and
differences were identified. The blending of the two strands enriched each other to lend support for bullying behaviors among nursing faculty.

Summary of Major Findings

Of the 300 completed surveys, there were some thought-provoking descriptive statistics. The majority (89%) reported working in smaller institutions with enrollment less than 20,000. Surprisingly only 15.7% held a PhD in nursing, doctorate in nursing, and nursing doctorate combined. More than one in five participants (21.7%) indicated total years in teaching 5 or fewer years and 41.7% of respondents reported teaching less than 10 years. These numbers possibly reflects the number of young nursing academics in a field where nurses reportedly “eat their young,” and may feel ignored by the more than 31% of those with 20 plus years of teaching experience. While the quantitative results illustrated that more than 31% had at least 20 years of experience teaching, only 17.4% reported teaching in their current institution for more than 20 years. The qualitative results illustrate these learned patterns of abuse exist despite interviewees disbelief that bullying “could be possibly true” with the older nursing faculty “in charge.” The narrative data illustrates that while older faculty may “be in charge,” they may feel threatened by younger competition. There was a perception of a laissez-faire leadership style for the deans that allow bullying to occur. Participants described no or ineffective policies, transitional environments including leadership change, turnover created enabling structures that allowed inappropriate behavior. In addition, turnover may not be mitigated by the fact that only 22% of the participants were tenured faculty. This sample is illustrative of the research indicates that less than one-third of nursing faculty are tenured, and that the majority of clinical faculty, ranging from 69% among clinical professors to 94% among clinical assistant professor, are not on a tenure track. (Executive Summary, 2009).
Salin’s conceptual model (2003) entwines key areas that make bullying, incivility, and mobbing more likely to occur in work environments. Salin’s model was adapted by Twale and DeLuca (2008) to be more reflective of an academic setting and highlighted the issues within an academic culture that make disruptive work environments possible. According to Twale and DeLuca (2008), “motivating structures and processes” include the committee governance structure. Some examples would include governance structure, campus politics, reward structures, faculty own means of production, focus on human capital, autocratic vs. laissez-faire, and power imbalances (Twale & DeLuca, 2008). Data from this study provides evidence that Twale and DeLuca’s (2008) work is fitting within nursing education. In this study, nurse educators talked about the inadequate governance, policies and leadership within institutions, and the “Hierarchy being very muddy.” Nurse educators talked about their programs being in transition, the difficulty with accreditation processes, budget cuts and scarce supplies.

According to Twale and DeLuca (2008), within an academic setting “enabling structures and processes” are the actions that encourage incivility, bullying and mobbing to occur. Twale and DeLuca recognized that within academe, there is a strong academic culture that supports isolation and ambiguity, as well as inherent stresses and tensions that are built into the faculty role. Circumstances that encouraged incivility in this study included scarce resources, corporate culture influences, mission creep, changing face of the professoriate in terms of gender and age.

Another viewpoint of this data pertaining to retention, might be that if over 21% have 5 or fewer years of teaching experience then just under 80% have spent more than 5 years in the classroom with only 31% teaching more than 20 years. However, only about half of those (15.7%) are teaching at the same institution for the last 20+ years. These results illustrates the mobility of nursing faculty within the academe which may be partially due to workplace
bullying. However, these highly mobile faculty stay in education so that few faculty are actually leaving the classroom, with just about 80% having 5+ years teaching. So with one in 5 new faculty, it may be true that new ideas might be slow to come into the classroom.

This conclusion is supported by the qualitative data that patterns of abuse are learned behavior which may impact the turnover rate as a result of bullying. Certainly, horizontal violence may not only be in hospital nursing (Matheson, 2008; Strelioff, 2007; Szutenbach, 2008), but may be learned behavior within academic nursing. Research indicates that modeling and imitation may influence the prevalence of bullying (O’Leary-Kelly et al., 1996; Robinson & O’Leary-Kelly, 1998). According to Twale and Deluca (2008), within an academic setting “precipitating circumstances” are the actions that encourage incivility, bullying and mobbing to occur. Twale and Deluca identify corporate culture influences and the changing face of the professoriate in terms of gender, age, and race as two focus areas. This study highlighted the effect of age (older faculty “in charge”) and gender (“Good ‘ole girl system”) in the nursing professoriate culture. At this time the laws that address anti-harassment and anti-discrimination at the state and federal level require that the mistreatment be based on gender, race, religious creed, color, national origin, ancestry, physical disabilities, mental disabilities, medical conditions, marital status, sex, age, or sexual orientation. However, legal complications occur when there is women- on- women bullying (Namie & Namie, 2009).

Another indication of high turnover may be that while 31% teaching 20 or more years, only 11% hold the rank of full-professor in this sample. The literature gives several reasons why long-time nursing faculty are not reaching rank of associate or full-professor. Literature reveals that nursing is not as valued as other disciplines (Isaac, 2011). Teaching is often a 2nd career after nursing practice (Chung, 2011), and so faculty are older when entering into academic
practice. This would directly influence the faculty member’s tenure rating system as clinical nursing faculty do not typically do research (AACN, 2009) (Penn, Wilson, & Rosseter, 2008). What is evident from this data is that very few nursing faculty (15%) hold terminal degrees in nursing, and that the majority, (66.7%) are in the lower ranks of faculty.

What was unusual in this sample is that only 5% were adjunct faculty and 2.7% of them indicated having a rank of adjunct clinical faculty. Additionally, just over 30% of the faculty were from community or two year colleges. In many other disciplines, non-tenure track faculty or adjunct faculty in community colleges and in undergraduate programs now account for three-quarters of faculty. (Kezar & Maxey, 2013). This wide variation could be because the NRSING listserv targets fulltime faculty which was the purpose of this study.

Research question 1 was “To what extent do nursing faculty report being bullied at work by peers”. The results indicate an overall bullying mean of 36.30 (SD 14.19) with a possible range of 22 to 110. While this indicates that the overall bullying mean is low, there was a lot of variability within the subscales. Physical bullying had the lowest mean of 3.9 (SD=1.6) with a possible range of 3-15. The mean rating of work place bullying was 13.35 (SD = 5.66) with a possible range of 7-35 and personal bullying had a mean of 18.97 (SD = 8.01) with a possible range of 12 to 60. Work place bullying and personal bullying had the most implications in this sample.

Research question 2 was “What types and frequencies of bullying behaviors are reported among nursing faculty.” For this question, results from the survey indicated that withholding information affecting their performance was the most prevalent work bullying behavior as more than 3 out of 4 participants (76%) reported they had experienced this in the workplace. For personal bullying behavior, the most frequently reported (60%) was being ignored, excluded, or
isolated and 57% reported being the target of gossip and rumors. Reports of physical bullying were low, however 36% reported being shouted at or being a target of spontaneous anger.

Qualitative narrative supported these quantitative findings. Interviewees complained that other faculty withheld information that affected job productivity. They also verified that their views were ignored, and that rumors and gossip were spread about them. Not only were their views ignored, but they also discussed being ignored and left out of social exchanges. Despite physical bullying being the lowest score, the qualitative results included descriptions of “screaming matches,” “body posturing” and “physical and verbal threats.”

Social learning suggests that individuals who operate in a work environment where others are rewarded for aggressive behaviors are more likely to engage in similar acts themselves (Bandura, 1973). Bullying can also be an initiation ritual or part thereof. Using Bandura’s (1977) social learning perspective, O’Leary-Kelly and colleagues (1996) argued that if an individual works in an environment that include others who serve as models for antisocial behaviors, these individuals are more likely themselves to behave in antisocial ways. When individuals operate within group settings, they are typically able to observe other group members, which create the opportunity for these members to serve as models. In addition, Bandura’s research on disengagement of moral control suggests that diffusion of responsibility, a common outcome in group contexts, can lead individuals to disconnect the self-regulatory systems that typically govern moral conduct (Bandura, 1990, 1991).

Research question 3 was “Is nursing faculty’s intent to stay in their current position and in academe affected by bullying behaviors”. Using non-parametric analysis, results indicated that those who reported intent to not stay in their current position reported significantly greater
bullying behaviors. Moreover, those who reported intent to not stay in academe also reported significantly greater bullying behaviors.

In the qualitative theme, “reflections from a distance,” 20 out of 20 participants considered other work options because of bullying behaviors. All of these participants were constantly trying to make a decision of whether to “stay or go.” All participants discussed their reflection on “what we should do.” These participants, due to varying reasons such as tenure, love for teaching, and having no other options, stayed at their current position.

Research question 4 was “What are the lived experiences of nursing faculty who have been exposed to bullying behaviors among peers?” The qualitative findings supported the quantitative findings within this study and were consistent with the literature. The qualitative themes reflected a cyclical type of storytelling, they may have not started at the beginning, but started at the end, as the participants wanted to tell their story and where they are at now.

Twenty qualitative interviews were analyzed. Six themes with 20 subthemes were identified. The six themes were: enabling structures-governance (things that allowed it to occur), role of the academic culture (why it occurs), bullying behaviors (the experience of the participant), immediate reaction to the behaviors (the body’s reaction), immediate behavioral response to the behaviors (actions they took), and reflections from a distance (over time).

Besides other themes that have already been discussed, there were other new topics. Besides the “Good ‘ole girl system” and “competition,” participants complained about the “Female thing,” where females communicate differently and often have difficulty communicating with each other. They often described the phenomenon of “taking it personally.” These women participants felt that these covert trends supported bullying behaviors. One of the most difficult problems described included passive aggressive behaviors including criticizing or
belittling of one’s work, and sabotaging behaviors. Similarly, Chips, Stelmaschuk, Albert, Bernhard, and Holloman (2013) and Davis (2014) found that faculty who were bullied experienced being shut off from information and also excluded and ignored. These behaviors can have a negative impact for the nursing faculty, him/herself, other faculty, the nursing students within the program, and the overall quality of the program.

The faculty had to make decision during about what to do about the bullying. This was identified as immediate behavioral response to behaviors (actions). Some of the faculty made excuses (did not want to admit were being bullied), and became fighters (took a stand), while others were scared, or felt powerless, and others did nothing (shock, fear).

Faculty reflected on their body’s immediate reaction to bullying behaviors (body’s reaction). Similarly, to the literature bullying behaviors have been found to cause reactions such as depression, anxiety, aggression, insomnia, psychosomatic effects, stress, and general physical and mental ill health (Coyne, et al., 2000; Glendinning, 2001; Namie, 1999; Rayner et al., 2002; Matthiesen, 2008; Mikkelsen & Einarsen, 2002). Many participants reported having experienced more than one reaction.

All the faculty that were interviewed shared their experiences with bullying behaviors. During this interaction, the theme “reflections from a distance” was identified. They were left baffled at the entire experience. Many faculty admitted to being surprised that bullying actually occurred in nursing education. The fact that many of the victims consider that complaining about bullying would be an act of disloyalty further emphasizes the potential strength and impact of the socialization process (Hoel & Salin, 2003).

Some of the most powerful reflections that the faculty discussed were the experiences: “changed me,” “made me stronger,” “lost trust,” and “became guarded.” Furthermore, faculty
considered their work options, reflected on what academe should do about the behaviors and professed a great love for the profession. Overall, the faculty described a love for teaching and that that is why they stayed. They loved the profession and wanting to give back and make an impact on students, qualities that should be supported in the work setting.

Faculty that were interviewed had a strong sense of commitment to the nursing profession. They endured the bullying experience because of their love for teaching. Although bullying is known to occur in higher education and nursing, nurse educators were surprised that bullying occurred among nursing faculty. All nursing faculty reflected on the wide range of bullying behaviors that effected their physical and emotional health as well as the cultural and enabling structures in place that faculty felt contributed to the cause of bullying. Initially, faculty responded to the experience with making excuses, doing nothing and some even fought back. However, over time many faculty described how the experience changed them, how they had to make decisions about staying or going, and what academe needs to do to eliminate bullying.

Conclusions

Although there are those that question whether bullying occurs among nurse faculty, it indeed is a very real occurrence. Bullying behaviors are both overt and direct, involving behaviors that are expressed by physical and verbal means. Although, the physical bullying (placing hands on another) is rare within nursing academe the fact that it occurs at all is unacceptable. Verbal behaviors that occur are more common and range from repeated reminders of mistakes to belittling in front of others.

Bullying behaviors are not always direct, they can be indirect or covert, with emotional-social interactions. Nursing faculty who bully others use subversive acts that hurt just as much,
but are harder to detect. Examples of indirect bullying are gossiping, leaving others out on purpose, or spreading rumors to destroy another’s reputation.

Bullying behaviors affect nurse educator both physically (depression, gastrointestinal upset, and insomnia) and emotionally (being scared, humiliated, sad, angry, devastated, and hopeless) and plays a role in whether faculty remain in nursing education. Eventually, all nursing faculty that experienced bullying made a decision to stay or go. Remarkably, the relationship they had with students and other faculty and their love of teaching influenced their decision to stay. Nursing faculty, even those who are bullied, revealed that they are committed to the nursing profession and to making a difference in the lives of nursing students.

It is undeniable that bullying behaviors produce negative outcomes. This is especially true when witnessed by other faculty and/or nursing students. Furthermore, socialization is considered an important aspect of developing solid relationship among nursing faculty and positively affecting retention. The socialization of nurses begins within the nursing education programs and is where future nurses learn positive and negative behaviors that are perpetuated into practice. In addition, new faculty come from clinical settings where they have been socialized differently. When nurses transition into academe they bring with them good and bad behaviors they have learned from their past academic and clinical setting.

Remarkably, nursing faculty are baffled that bullying actually occurs within nursing education in the first place and report that changes are needed within the nursing profession. Academic culture is extremely important because nurses play a vital role in the care and outcomes of patients. It is imperative that nurse educators role model positive behaviors when socializing nursing faculty and students to do their part to stop bullying behaviors from entering the nursing work environment.
Furthermore, the enabling structures within the institution play a huge role on the climate of the institution. Institutions that are under transition, lack a policy regarding bullying or have a laissez-faire leadership style are at risk for a bullying culture to exist. Leaders need to be cognizant that bullying does occur and investigate ways to prevent faculty from bullying each other. Academic leaders need to implement a zero tolerance policy regarding bullying behaviors and role model positive behaviors, because prevention must start at the top and filter down.

Implications

The study has implications for theory and for nursing academe. Qualitative data indicated that bullying behaviors can be direct, indirect or covert, with emotional-social interactions. Leadership needs to be aware that incivility does occur and needs policies and procedures in place as an avenue for people to report. Administration needs to have a zero tolerance policy in place as students may model this behavior. Also nursing leadership needs to understand that the covert behaviors are insidious but create a destructive academic culture.

Remarkably, the relationship participants had with students and other faculty and their love of teaching influenced their decision to stay in teaching. Nursing faculty, even those who are bullied, revealed that they are committed to the nursing profession and to making a difference in the lives of nursing students.

The structures within the institution play an important role on the climate of the institution. Institutions that lack a policy regarding bullying, or have a laissez-faire leadership style are at risk for a bullying culture to exist. Leaders need to be aware that bullying does occur and investigate ways to prevent faculty from bullying each other. Academic leaders need to implement a zero tolerance policy regarding bullying behaviors and role model positive behaviors.
However, even 3.9% of physical bullying should not be tolerated in an academic setting.

**Recommendations for Future Research**

Future research should include an investigation into the experiences of bullying by administrators, which was not included in this study. Also not included was any analysis of self-awareness of bullying behavior. More needs to be learned about the enabling structures and culture of nursing academe that supports bullying or perpetuates bullying. Future research also may include examining the nursing academic culture through the lens of resilience theory.

**Summary**

The purpose of the study was to identify the extent nursing faculty experience bullying behaviors by peers and the types and frequency of bullying behaviors; and second to explore the lived experience of nursing faculty who have been exposed to bullying behaviors among peers, and to determine whether bullying influences their intent to stay in nursing academe. This the findings of this mixed method study focused on the bullying experiences of nursing faculty among their peers and nursing faculty’s intent to stay in their position. In addition, this chapter provided implications for theory and nursing academe and recommendations for future research.

Results indicated that bullying behaviors affect nurse educator both physically (depression, gastrointestinal upset, and insomnia) and emotionally (being scared, humiliated, sad, angry, devastated, and hopeless) and played a role in whether faculty remain in nursing education. The types and frequency of the bullying behaviors that nursing faculty experienced by their peers, and nursing faculty did not necessarily influence the participants’ intent to stay in their current positions and in academe. Because many participants reported experiencing bullying by peers and supervisors, additional research into bullying in the field of nursing education is recommended.
REFERENCES


APPENDIX A

PERMISSION TO USE

NEGATIVE ACTS QUESTIONNAIRE
Dear Ms. Shugart,

Thank you for your interest in the Negative Acts Questionnaire. With our terms accepted, I have attached the English version of the NAQ, the demographic inventory, a spss database, psychometric properties of the questionnaire and the articles suggested on our website. You do not have to use the demographic questionnaire or the database, but it can be a good idea to use it as a guide for your work, and to see how we have done it. We are looking forward to receive the data when they are available. I have also attached a validation paper, and a couple of other papers where the NAQ has been utilised. I hope these will help you in your project.

If you have any questions, we will of course do our best to answer them. Good luck with your work!

Best regards,
Morten Birkeland Nielsen
Bergen Bullying Research Group
APPENDIX B

INTERVIEW PROTOCOL
Hello, my name is Kelli Shugart, I wanted to request your participation in my research study for my graduate studies in higher educational leadership at Mercer University. I will be interviewing you about your experience with bullying behaviors among nursing faculty by a colleague. Your participation is voluntary and you may stop this interview at any time. The informed consent was part of the participation link that you received, prior to leaving your contact information. Do you have any questions regarding the consent or would you like me to read or send you an additional copy?

This interview will be audiotaped. Do you voluntarily consent to this audio taped interview? Throughout the interview I will not call you by your first name. May I call you _______ # ______? Also please avoid using the name of any institution (previous or current), as well as naming any individual person.

During the interview any mention of an institution or individual will be changed so as to avoid recognition.

Do you have any questions before we begin?

1. Tell me about your experience with bullying by colleagues at work.
   - Tell me more.
   - Uh huh.
   - Please clarify.
   - Tell me what you mean by that.
   - That must have been very difficult.
   - That must have been hard.
   - What I hear you saying is…..
   - Just to clarify…….
   - SILENCE

   - IF MENTIONED……Can you tell me more about the:
     - Structures or processes that were in place when these incidences occurred
- Governance
- Politics
- Power imbalance
- Autocratic vs. laissez-faire
  - Precipitating circumstances
    - Scarce resources
    - Mission creep
    - Changing face of professoriate in terms of gender, age, race
    - Shift to online education
  - Enabling structures and processes
    - Isolation
    - Peer review
    - Ambiguity
    - No policy on incivility
    - Strong academic culture
    - Faculty/administration tension
    - High stress
    - competition

2. How has your experience with bullying affected your decision to stay in your current position?

3. How has your experience with bullying affected your decision to stay in academe?

4. Please describe anything more about your experience with bullying within nursing academe that you believe to be important and about which we have not talked.
APPENDIX C

NEGATIVE ACTS QUESTIONNAIRE
**PART I. Demographics**

**Directions:** Answer the following questions based on your current status at your college or university.

Check the appropriate box

1. **Gender:**
   - [ ] Male
   - [ ] Female

2. **Age:**
   - [ ] less than 30
   - [ ] 31-39
   - [ ] 40-49
   - [ ] 50-59
   - [ ] 60-65
   - [ ] 66-70
   - [ ] over 70

3. Mark the box of the **racial or ethnic group(s)** you identify with most. You may mark more than one box.

   **Race:**
   - [ ] American Indian or Alaska Native
   - [ ] Asian
   - [ ] Black or African American
   - [ ] Hispanic or Latino
   - [ ] Native Hawaiian or Other Pacific Islander
   - [ ] White
   - [ ] Other, Please specify___________________

   **Ethnicity:**
   - [ ] Hispanic or Latino
   - [ ] Not Hispanic or Latino

4. Check the descriptors of the institutions where you teach. If you teach at more than one institution check the descriptors that best describes the institution where you teach the majority of time………………
   - [ ] Community College or 2 year degree Institute
   - [ ] Public 4 year university (no graduate programs in nursing)
   - [ ] Public 4 year university with graduate programs in nursing
   - [ ] Private 4 year university (no graduate programs in nursing)
   - [ ] Private 4 year university with graduate programs in nursing

4a. Region of the institution where you teach the majority of time………………
   - [ ] Northeast Region (ME, VT, NY, NH, MA, RI, CT, Quebec, New Brunswick, Maritime provinces)
   - [ ] Mid-Atlantic (PA, NJ, DE, MD, VA, DC)
   - [ ] Mid-South (WV, KY, TN, NC, SC)
   - [ ] Southeast (MS, AL, GA, FL, Caribbean)
   - [ ] Great Lakes (WI, IL, MI, IN, OH, Ontario)
   - [ ] North Central (NE, IA, SD, ND, MN, MT, Saskatchewan, Manitoba)
   - [ ] South Central (KS, MO, OK, AR, TX, LA)
   - [ ] Northwest (AK, WA, OR, ID, MT, British Columbia, Alberta)
   - [ ] Pacific (CA, NV, HI)
   - [ ] Rocky Mountain (AZ, CO, NM, UT, WY)
   - [ ] International (other than Canada)

4b. Institutional Size (number of students enrolled)
   - [ ] Less than 2,500
   - [ ] 2,500 – 4,999
   - [ ] 5,000 – 9,999
   - [ ] 10,001 – 19,999
   - [ ] 20,001 – 29,999
   - [ ] 30,000 – 39,999
   - [ ] more than 40,000
4c. The highest nursing degree granted by your institution:
- Technical (vocational) certificate
- Associate’s degree
- Bachelor’s
- Master’s Degree
- Specialist
- Ph.D., Ed.D., or professional degrees, i.e. M.D., J.D., D.D.S. etc.
- Other:

4d. Is your academic institution affiliated with a religious institution?  □No  □Yes

**Professional Background**

5. What is the highest degree you hold?
- □Associate
- □Bachelors
- □Masters
- □PhD Nursing
- □PhD Education
- □DNP
- □Nursing Doctorate
- □Doctorate other than Nursing  Please specify__________________

5a. How many years in total have you been teaching nursing?
- □1 year
- □2-3 years
- □4-5 years
- □6-9 years
- □10-14 years
- □15-19 years
- □20-25 years
- □30-35 years
- □Greater than 36 years

5b. How many years have you been teaching at your college or university?
- □1 year
- □2-3 years
- □4-5 years
- □6-9 years
- □10-14 years
- □15-19 years
- □20-25 years
- □30-35 years
- □Greater than 36 years

5c. In which program do you teach? Check all that apply:
- □Technical (Vocational)
- □Undergraduate ADN
- □Undergraduate BSN
- □Undergraduate BS
- □Master of Science
- □Masters of Nursing
- □Doctorate
- □Other__________________

5d. What is your rank at your college or university?
- □Full Professor
- □Clinical Professor
- □Assistant Professor
- □Assistant Clinical Professor
- □Associate Professor
- □Associate Clinical Professor
- □Instructor
- □Clinical Instructor
- □Lecturer
- □Adjunct Clinical Instructor
- □Other__________________

**Employment Status**

6. What is your employment status?
- □Full – time Faculty
- □Part – time Faculty
- □Adjunct Faculty

6a. Tenure:
- □Tenured ☐No  ☐Yes
- □Non- Tenured ☐No  ☐Yes
- □Tenure-Track ☐No  ☐Yes
PART II. Negative Acts Questionnaire

The following behaviors are often seen as examples of negative behavior in the workplace. Over the last six months, how often have you been subjected to the following negative acts at work?

*Please circle the number that best corresponds with your experience over the last six months:*

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Never</td>
<td>Now and then</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
</tr>
<tr>
<td>1) Someone withholding information which affects your performance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2) Being humiliated or ridiculed in connection with your work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3) Being ordered to do work below your level of competence</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4) Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5) Spreading of gossip and rumors about you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6) Being ignored, excluded or being isolated from others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7) Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8) Being shouted at or being the target of spontaneous anger (or rage)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9) Intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/barring the way</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10) Hints or signals from others that you should quit your job</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11) Repeated reminders of your errors or mistakes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12) Being ignored or facing a hostile reaction when you approach</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13) Persistent criticism of your work and effort</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14) Having your opinions and views ignored</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15) Practical jokes carried out by people you don’t get on with</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>16) Being given tasks with unreasonable or impossible targets or deadlines</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>17) Having allegations made against you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>18) Excessive monitoring of your work</td>
<td>1</td>
<td>2</td>
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<td>19) Pressure not to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement, travel expenses)</td>
<td>1</td>
<td>2</td>
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<td>20) Being the subject of excessive teasing and sarcasm</td>
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21) Being exposed to an unmanageable workload

22) Threats of violence or physical abuse or actual abuse

23. Have you been bullied at work? We define bullying as a situation where one or several individuals persistently over a period of time perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the target of bullying has difficulty in defending him or herself against these actions. We will not refer to a one-off incident as bullying.

Using the above definition, please state whether you have been bullied at work over the last six months?

- No
- Yes, but only rarely
- Yes, now and then
- Yes several times per week
- Yes, almost daily

NAQ – Negative Acts Questionnaire© Einarsen, Raknes, Matthiesen og Hellesøy, 1994; Hoel, 1999

PART III. Intent to Stay

24. Do you plan to stay in your current position? No  □  Yes  □

Is your intent to stay in your current academic position affected by bullying behaviors? No  □  Yes  □

24 a. Do you plan to stay in nursing academe? No  □  Yes  □

Is your intent to stay in nursing academe affected by bullying behaviors? No  □  Yes  □
APPENDIX D

IRB APPROVAL
13-May-2011

Ms. Kelli Shugart
Mercer University
Georgia Baptist College of Nursing
School of Pharmacy
Atlanta, GA 30341

RE: Nursing Faculty's Experience with Disruptive Work Environments: A Mixed Method Study of the Phenomenon of Bullying Behaviors Among Nursing Faculty and Their Intent to Stay in Academe (H1105108)

Dear Ms. Shugart:

Your application entitled: "Nursing Faculty's Experience with Disruptive Work Environments: A Mixed Method Study of the Phenomenon of Bullying Behaviors Among Nursing Faculty and Their Intent to Stay in Academe" (H1105108) was reviewed by this Institutional Review Board for Human Subjects Research in accordance with Federal Regulations 21 CFR 50.110(b) and 45 CFR 46.110(b) (for expedited review) and was approved under Category 6, 7 per 65 FR 60364.

Your application was approved for one year of study on 13-May-2011. The protocol expires 13-May-2012. If the study continues beyond one year, it must be re-evaluated by the IRB Committee.

New Application

Please complete the survey for the IRB and the Office of Research Compliance. To access the survey, click on the following link:
http://www.zoomerang.com/Survey?r=WEB227URK2RB6Q

It has been a pleasure to work with you and much success with your project!!

If you need any further assistance, please feel free to contact our office.

Mercer University IRB & Office of Research Compliance
Phone (478) 301-4101
Fax (478) 301-2329
ORC, Mercer@Mercer.Edu

Respectfully,

[Aia Chambles-Richardson, BA, CIP, CIM]
Member
Institutional Review Board
AGREEMENT BETWEEN
Kelli Shugart
Mercer University
SHUGART_KP@mercer.edu
AND
Kimberly N. Hannon

This Agreement ("Agreement") is entered into by Kelli Shugart and Kimberly N. Hannon ("consultant").

In consideration of the mutual promises and agreements contained herein, the undersigned parties, intending to be legally bound, hereby agree as follows:

1. STATEMENT OF WORK:

Consultant agrees to provide Kelli Shugart the following services:
1. Receive interview audio-recordings via e-mail (or Dropbox) from the principal investigator.
2. Transcribe the interviews verbatim and return transcriptions to the principal investigator via e-mail (Dropbox) within a reasonable amount of time, not to exceed 10 days.
3. Record transcription time and submit charges not to exceed $60.00 per interview transcription.

2. PERIOD OF PERFORMANCE:

The Consultant shall begin performance on 7/1/2011 or on the date this contract is executed by both parties and continues until 9/1/2011 or until this contract is terminated by agreement of the parties or by the notice as described in Paragraph 10.

3. CONSIDERATION:

Kelli Shugart agrees to pay $60.00/transcript for the services rendered under this agreement and travel expenses of $ _0__. Any changes to the anticipated amounts of interviews or anticipated interview lengths will result in a change in total amount of this contract. Travel expenses will be paid in accordance with n/a policies. Payment should be submitted via check to the address provided.

4. PAYMENT:

Payment is due upon receipt of submission of invoice detailing Consultant’s activities. The invoice should be sent to:
Kelli Shugart
Mercer University
SHUGART_KP@mercer.edu

5. NOTICES:
Any notices under this agreement shall be sent to:
Kelli Shugart
Mercer University
SHUGART_KP@mercer.edu

6. AMENDMENTS:

This Agreement may be amended from time to time by written Amendments approved by both of the parties.

7. STATUS OF PARTIES:

Consultant is working as an independent contractor. Kelli Shugart is not responsible for payment of employment taxes, benefits, or insurance. The independent Consultant is responsible for income and employment taxes related to the fees paid under this agreement. Kelli Shugart complies with Internal Revenue Service regulations on 1099 tax reporting for payments made to independent Consultants.

Each party to this contract is responsible for its own acts or actions and for the actions of its employees or agents.

8. CONFIDENTIALITY:

The parties agree that any information given by Kelli Shugart to the Consultant, or that the Consultant comes in contact with, during the performance of this contract shall remain confidential.

9. COMPLIANCE:

Consultant certifies that it has not been disqualified in any manner from any federally funded program, and is not debarred or limited in any manner from participation in the matters upon which this agreement is based.

Consultant also agrees that he will comply with the requirements stated in the above-referenced contract.

10. ASSIGNMENT

The services covered by this Agreement must be provided by the Consultant and shall not be sold, transferred or assigned without written permission of Kelli Shugart.

11. TERMINATION:

Either party may terminate on thirty (30) days’ written notice.

WITNESS OUR SIGNATURES on the dates written below.
CONSULTANT

Kimberly N. Hannon

0/20/2011

Date

KELLI SHUGART:

Kelli Shugart

Name

0/20/2011

Title

Date
This Agreement between Kelli P Shugart ("You") and John Wiley and Sons ("John Wiley and Sons") consists of your license details and the terms and conditions provided by John Wiley and Sons and Copyright Clearance Center.

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